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ABSTRACT

This student activity book and reference book, which are part of a family and consumer sciences education series focusing on a broad range of employment opportunities, are intended for use in 1- and 2- programs preparing Texas high school students for employment in occupations related to providing services for older adults. The reference book provides information needed by employees in this occupational area. Each chapter includes the following components: (1) a list of the Texas Essential Knowledge and Skills that are discussed in the chapter; (2) a list of chapter vocabulary; (3) italicized, bold-faced vocabulary terms with definitions or explanations; (4) illustrations of equipment and procedures used in the industry today; (5) boxes posing "essential questions" about the materials presented; and (6) chapter highlights. Concluding the reference book are a 9-item reference list and an index. The student activity book provides a variety of pencil-and-paper activities designed to correlate with and reinforce the concepts presented in the reference book. Both books contain 29 chapters organized under the following categories: serving older adults; care and

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management of services for older adults; needs of older adults; nutrition, health, and wellness; consumer issues and the older adult; and caring for the older adult. (MN)

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REFERENCE BOOK

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Services for Older Adults

Reference Book

Developed and disseminated by:
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PREFACE

The *Services for Older Adults Reference Book* for this family and consumer sciences course provides a wealth of information that accommodates development of essential knowledge and skills. Instruction for this course may be delivered through school-based pre-employment laboratory training or through work-based delivery arrangements such as cooperative education, internships, preceptorships, mentoring, and job shadowing.

The *Services for Older Adults Reference Book* lays a foundation for understanding older adults, including their general health and common health care needs. A number of tasks are described for working with older adults in a variety of situations.

The facilities (e.g., adult day care center, nursing home, senior center, home health agency, Meals on Wheels) where students receive training for this course may have local, state, or federal policies which dictate varying levels of health care procedures. It is imperative that teachers instill in students enrolled in this course that they are providing a variety of services (e.g., activity director assistant, volunteer coordinator, food and nutrition assistant, homemaker aid, personal shopper) as caregivers for older adults and that the students are not health care providers. Through these services, the students are demonstrating their understanding of older adults and their health care needs.

Chapter 1

The Older Adult in Today's Society

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1A Describe the aging process.
1B Describe characteristics and care needs of older adults.
1C Identify laws, trends, and issues affecting older adults.
1D Analyze factors contributing to the growing older adult population.
1E Predict how changing demographics impact older adults and society as a whole.

Chapter Vocabulary

baby boomers
biological aging
chronological aging
middle old
myths
older adult population
oldest old
psychological aging
social aging
stereotypes
youngest old

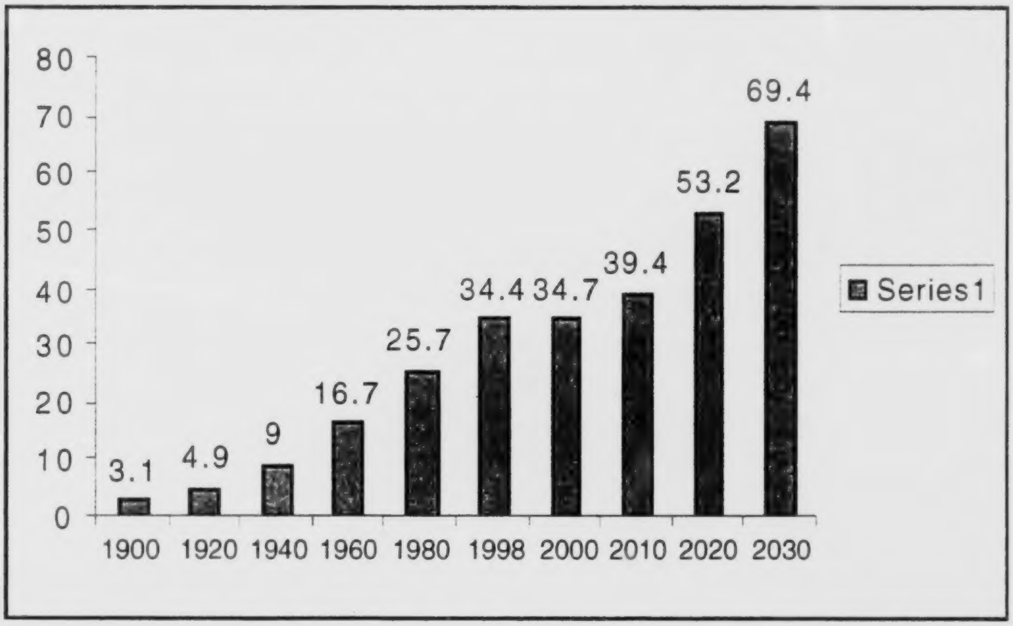
For the first time in the history of the United States, there are more people over sixty-five than there are teenagers under twenty. Today's older adult population is different than in the past as it is healthier and better educated. Many older adults are using their skills and experiences to set new goals and look to the future. In the past, society faced the problem of people having a shortened life span.

According to the Administration on Aging, while stereotypes often portray older adults as a homogeneous group, older adults are probably more diverse than any other age group. Not only do the terms "elderly," "senior," and "older" include persons whose ages span more than four decades, they encompass groups of individuals who vary widely in terms of income, educational attainment, health, functional abilities, living arrangements, and access to support services. With this increasing proportion of the older adult population in the United States, the need to train people to work with older adults is also increasing.

CURRENT OLDER ADULT POPULATION

The older adult group is the fastest growing population in the United States today. According to the United States Bureau of Census, America's sixty-five or older population grew by 82 percent between 1965 and 1995. Between 1980 and 1998, this same population grew by 28 percent to a historical high of 34.4 million people. Currently, one in eight Americans is 65 years of age and older. Three out of five older adults are women. By 2030, the ***older adult population*** (65 years and older) will represent one in five Americans. The 65+ population is expected to be about 70 million people in 2030, which is double the 1998 population (34.4 million).

While less than 25 percent of the population is younger than 15, another 57 percent is aged 30 or older. This aging population will continue to grow in the next 10 to 30 years, as the 75 million (people born in the U.S. between 1946 and 1964) ***baby boomers*** will enter the 65-year and older age category. Since 1900, the percentage of Americans 65 years and older has tripled (4.1 percent in 1900 to 12.7 percent in 1998). Table 1.1 illustrates the increase of older adults during the past century. A child born in the late 1990s could expect to live 76.5 years, which is about 29 years longer than a child born in 1900.



Projected Older Adult Population

Adapted from: Profile of Older Americans 1999. Prepared by AARP and the Administration on Aging. Note: Based on data from the U.S. Bureau of the Census.

Table 1.1

However, the fastest growing segment of the older adult population is the oldest old, those that are 85 years and older. This group constitutes one percent of the U.S. population, has more than doubled since 1965, and has grown by 40 percent since 1980. This group has the greatest impact on the nation's health care and social service delivery systems as well as the American family due to their health conditions. Those who have celebrated their 100th birthdays have doubled since the 1980s.

DID YOU KNOW?

In 1998, there were 20.2 million older women and 14.2 million older men, or a sex ratio of 143 women for every 100 men. The sex ratio increased with age, ranging from 118 for the 65-69 group to a high of 241 for persons 85 and over.

Older men are much more likely to be married than older women – 75 percent of men, 43 percent of women.

Almost half of all older women are widows. There are four times as many widows as widowers.

The majority (67 percent) of older persons live in a family setting. The proportion of older adults living in a family setting increases with age.

As a nation, the older adult population is more likely to live in a metropolitan area (77 percent). In Texas, a little more than 30 percent of the older adult population lives in a rural area.

Minority populations are projected to represent 25 percent of the older adult population in 2030. The largest minority older population in Texas are the Hispanics (16 percent) followed by the African-Americans (9 percent). These numbers will increase significantly by 2030.

Approximately half of all older Americans live in one of nine states. California has over 3.5 million, Florida 2.7 million, New York 2.4 million, Texas and Pennsylvania had almost 2 million, and Ohio, Illinois, Michigan, and New Jersey each had over 1 million older adults.

Of the income reported in 1998 for older adults, 36 percent reported less than $10,000.

About 3.4 million older adults were below the poverty level in 1998.

Approximately 12 percent of the older adult population are still in the labor force.

The educational level of older adults is increasing. Approximately 67 percent have completed high school and about 15 percent have a bachelor's degree.

Source: Profile of Older Americans 1999. Prepared by AARP and the Administration on Aging.

In 1965, the United States made provisions to meet the diverse needs of this age group. The Older Americans Act was created, and later amended, as the primary vehicle for organizing, coordinating, and providing community-based services and opportunities for older adults and their families.

◆ **Essential Questions:** ◆
Current Older Adult Population

1. Which age group of the older population is the fastest growing? Why?
2. How will the older population continue to grow into the 2000s?
3. What impact do the baby boomers have on the older adult population?
4. What are some important facts about the older adult population?

FOUR PROCESSES OF AGING

The physical changes that occur with aging can be disturbing to many young people. Although aging does bring many physical changes, the older adult continues to be mentally, socially, and physically active. Figure 1.1 provides a foundation for studying the aging process. People age primarily in four ways: chronologically, biologically, psychologically, and socially.

Chronological aging is based on a person's years from birth. It is not necessarily related to a person's physical health, mental abilities, or social status.

Biological aging is referred to the physical changes that reduce the efficiency of organ systems, such as the lungs, heart, and circulatory system. A major cause of biological aging is the decline in the number of cell replication as an organism becomes chronologically older. Another factor is the loss of certain types of cells that do not replicate.

Psychological aging is defined as the changes that occur in sensory and perceptual processes, mental functioning (memory, learning, and intelligence), adaptive capacity, personality, drive, and motives. A person who is intellectually active and adapts well to new situations can be considered as psychologically young.

Social aging is described as an individual's changing roles and relationships in the social structure – with family and friends, with the world of work, and within organizations such as religious and political groups. As people age chronologically, biologically, and psychologically, their social roles and relationships also change.

◆ **Essential Questions:** ◆
Four Processes of Aging

1. What is the difference between chronological and biological aging?
2. How does psychological aging differ from social aging?

WHAT "OLD" MEANS

With people living longer and the increasing number of older persons in the United States, a common question is, "How old is 'old'?" Statistically, most people do not think of themselves as "old." Old is usually considered to be someone fifteen years older than one's self. To a ten-year-old, twenty-five is old; to a seventy-year-old, eighty-five is old. Older people are often surprised to hear someone else refer to them as old because they usually know others older than themselves.

The older adult population has been categorized into the three following groups: ***young old*** – individuals who are between the

10 Concepts on Aging

The best time to learn how to grow old with dignity and grace is during the younger years, and the best place is everyday life. Understanding all aspects of the aging process enables us to understand more clearly those who are aged. The following general statements offer a foundation for studying the aging process.

- Aging Is Universal. It is common to every population and is not just a modern-day phenomenon in western civilization.
- Aging Is Normal. "Growing up" is spoken of with respect; "growing old" with fear. This fear develops from the stereotyped picture of aging as a loss of faculties, beauty, energy, and memory.
- Aging Is Variable. Each individual ages in a unique way. The state of later life develops from former personal life patterns.
- Dying Is Normal and Inevitable. It is difficult for many to accept the idea that while a full, satisfying life is being lived, death can be anticipated as a meaningful closure of life.
- Aging and Illness Are Not Necessarily Coincidental. The stereotype image again lingers, but individuals should prepare for healthy old age through improved living habits in early and middle years.
- Older People Really Represent Three Generations. The group known as "aged" covers the years 65-112, representing two, and often three, generations. In no other life span is such a wide span included in one group, which may include parents, grandparents, and great-grandparents.
- Older People Can and Do Learn. Capacity to learn new things and relearn the old is not necessarily diminished by old age. Learning patterns may change from youth and the speed of learning may slow, but learning ability appears to be culturally determined, not restricted by years.
- Older People Can and Do Change. As one grows older, many adjustments become necessary. Mates die, housing situations change, new activities are developed, and new friendships established.
- Older People Want to Remain Self-directed. "They never want to decide for themselves," is a common complaint. Such dependency is learned usually as a direct result of loss of purpose and self-respect. To prevent this loss when older adults undergo a change in life, their self-esteem should be maintained as much as possible. Even if they cannot enjoy complete control, they must have a feeling of having contributed to the decision-making process.
- Older People Are Vital Human Beings. While physical disability is often associated with mental inadequacy, it should be recognized that the need for physical help in crossing the street does not mean that the person does not know where he is going.

Source: Protecting the Elderly and People with Disabilities Resource Kit. (1998) Adult Protective Services, Texas Department of Protective and Regulatory Services.

Figure 1.1

– individuals who are between the ages of seventy-five and eighty-four; and ***oldest old*** – those individuals who are eighty-five years and older.

Terms used to classify age differences among older adult persons may vary. For the purpose of this reference book, the term older adult is used to refer to persons sixty-five years old and older. Caregivers of older adults need to remember that just as the ages of older adults vary, so does the need for assistance.

◆ Essential Questions: ◆
What "Old" Means

1. What are the three categories representative of the older adult population?
2. Which group is the fastest growing? Why?

STEREOTYPES AND MYTHS ABOUT OLDER ADULTS

Many young people have limited contact with older adults outside of family members. When contact is limited, one's viewpoint of the older people is likely to be narrow. For some individuals, the only contact with older people may be what is seen on television or what appears in books. These perceptions might be true of some older persons, but certainly not for all. Some common ***stereotypes*** (a standardized idea or image of individuals or groups) and ***myths*** (a belief whose truth is accepted without questioning) about aging include the following:

Myth: Most Older Adults are Institutionalized.

Less than 5 percent of the older adult population live in any kind of institutional setting (long-term care facility or hospital confined). Less than 10 percent of older adults ever spend any time in institutions, and only about 14 percent of the older adult population are incapacitated in their own homes.

Myth: Most Older Adults are Lonely and Isolated from Family and Friends.

Only about 2 percent of the older population are socially isolated to any serious degree.

Myth: Alone and Lonely are Synonymous When Applied to Older Adults.

The loneliness most older people feel is the loneliness for a spouse, their old jobs, and their deceased friends. This does not mean that older adults are lonely for social contact, but rather they feel deeply about the losses in their lives.

Myth: Sexual Interest Disappears with Age.

Sexual interest will diminish, but in the majority of cases does not cease with the advance of age.

Myth: Extreme Physical and Mental Deterioration are Inevitable with Age.

Some deterioration (a gradual decline or weakening) is inevitable, but it does not need to be extreme. From the age of twenty-five on, most people lose about one-hundred thousand brain cells a day. This process is slowed by continued mental and physical activity. With continued good mental health and absence of disease, aging deterioration often is not obvious until very late in life. No diseases attack only older people.

Myth: Older People All Become Rigid and Dependent.

This is not true. In fact, older people are often more innovative and open than younger people. One reason for this is that they can draw from vast resources of experience.

Myth: All Older People Want is Serenity and Tranquility.

The "rocking chair syndrome" is generally not true. Older persons will often portray this concept to younger people because they feel this is what is expected of them. When younger people perceive older adults as "old and worn-out," older people relate to them that way. Labels should be avoided.

Myth: Retirement Brings About an Early Death.

The facts provided by national statistics and various insurance companies do not support this myth.

Myth: Services for Older Adults are Always Beneficial and Altruistic in Nature.

Unfortunately, social policy often provides negative rewards that work against rather than for the older adult. For example, long-term care facilities get more money when an older person is sick than when he or she is well. Consequently, the root causes of illness are often overlooked and attributed to senility, a decline of the mental facilities.

Myths and Realities on Aging

Misconceptions about the problems of older persons persist for young and old alike. The National Council on Aging surveyed over three thousand Americans of all ages and stated that there was a clear gap between the myths of old age and the reality of old age. People of all ages perceive problems affecting the older adult population to be much more serious than in actuality. Refer to Figure 1.2 for additional myths and realities of aging.

◆ Essential Question: ◆
Stereotypes and Myths

What are some common stereotypes and myths about older adults?

PERSPECTIVES ON MYTHS OF AGING

Robert N. Butler

Robert N. Butler, in his Pulitzer Prize winning book, *Why Survive? Being Old in America*, sketches a picture of the stereotypical view of the older adult population in America.

> An older person thinks and moves slowly. He does not think as he used to or as creatively. He is bound to himself and to his past and can no longer change or grow. He can learn neither well nor swiftly and, even if he could, he would not wish to. Tied to his personal traditions and growing conservatism, he dislikes innovations and is not disposed to new ideas. Not only can he not move forward, he often moves backward. He enters a second childhood, caught up in increasing egocentricity and demanding more from his environment than he is willing to give to it. Sometimes he becomes an intensification of himself, a caricature of a lifelong personality. He becomes irritable and cantankerous, yet shallow and enfeebled. He lives in his past; he is behind the times. He is aimless and wandering of mind, reminiscing and garrulous. Indeed, he is a study in decline, the picture of mental and physical failure. He has lost and cannot replace friends, spouse, job, status, power, influence, income. He is often stricken by diseases which, in turn, restrict his movement, his enjoyment of food, the pleasures of well-being. He has lost his desire and capacity for sex. His body shrinks, and so too does the flow of blood to his brain. His mind does not utilize oxygen and sugar at the same rate as formerly. Feeble, uninteresting, he awaits his death, a burden to society, to his family, and to himself.

Butler then goes on to point out that in all stereotypes and myths, there are bits of truth. However, he feels that many of the views on aging currently held represent misunderstandings, confusion, and lack of knowledge as well as outright hostility and prejudice.

His book looks at these myths in the light of recent gains in the knowledge of the "facts" of aging. He then draws a picture of a more accurate image of aging. It is as follows:

> Older people are as diverse as people in other periods of life, and their patterns of aging vary according to the range they show from health to sickness, from maturity to immaturity, activity to apathy, useful constructive participation to disinterest, from the prevailing stereotype of aging to rich forms of creativity.
>
> Ninety-five percent of older people live in the community and are not institutionalized or in protective settings. Physical illnesses are frequent and often chronic and limiting. This period of life is characterized by complex changes that are multiple, occur rapidly and have profound effects. Some people are overwhelmed. Others can come to accept or substitute for the loss of loved ones, prestige, social status and adverse physiological changes.
>
> 'Old age' and 'brain damage' alone do not account for the changes seen or the modes of adaptation of older people. Diseases, life experience, socioeconomic and other forces along with the subjective experience of growing old and approaching death, all interweave to contribute to the picture of old age.
>
> Those old people who are optimistic and resourceful may at the same time be painfully aware of the brevity of life and its tragedies. Optimism is tempered by a more balanced view of the joys and sadnesses of life. The old continue to learn and change in response to their experiences and to human relationships. They are not often overwhelmed by new ideas for they recognize how few of them there are. Many are employable, productive and creative. Many elders wish to leave their mark through sponsoring the young as well as through ideas and institutions.

Butler feels that the most important thing one needs to recognize is that older people are not a homogenous group, similar or identical in structure. Human personality is unique, and in later life, when personality reaches its fullest development, these differences are seen more clearly. Butler feels that when one recognizes this basic diversity of aging, one can look at special characteristics as tendencies. This perspective allows one to recognize that these later-life characteristics occur frequently enough to be useful in understanding aging but are not inevitable and should not be used to place older adults in prescribed roles.

Caregivers of older persons who understand this perspective on the characteristics of aging will be better prepared to recognize the uniqueness and particular set of needs of each older person. This understanding will allow caregivers to see the older person, not as old first and a person second, but as a person with experiences who also happens to be older.

Douglas H. Powell

Douglas H. Powell, a geriatric physician has written several books on the topic of aging. In his most recent publication, *The Nine Myths of Aging: Maximizing the Quality of Later Life*, the author debunks the most prevalent myths about aging and explains why knowing the truth can help one remain physically, mentally, and socially young. Figure 1.2 lists the nine myths of aging.

What Are the Nine Myths of Aging?

1. AGING IS A BORING SUBJECT. As baby boomers near retirement age, the economy will need 65+ year-old workers to make up for a dwindling workforce. With the implications for the economy and the Social Security system, retirees are anything but boring.

2. ALL OLD PEOPLE ARE PRETTY MUCH THE SAME. Older adults have far greater variability in cognitive and physical abilities, top to bottom, than middle-age people.

3. AN UNSOUND BODY MEANS AN UNSOUND MIND. Pure poppycock! The reality is that mental powers are independent of one's physical capabilities.

4. MEMORY IS THE FIRST THING TO GO. There is unanimous agreement from the scientific community that other mental capabilities begin to decline before memory. Luckily these other capabilities (reasoning, spatial skills, processing speed, working memory, dual task attention) can easily be compensated for to maintain maximal mental vigor.

5. USE IT OR LOSE IT. Normal age-related losses or declines are inevitable, no matter how much we "use it." The key is learning helpful strategies for slowing, overcoming, and/or coping with such declines.

6. OLD DOGS CAN'T LEARN NEW TRICKS. Opportunities abound for growing mentally, physically, socially, and professionally for anyone willing to accept the challenge.

7. OLD PEOPLE ARE ISOLATED AND LONELY. Elderhostels, Outward Bound programs, the Internet, etc., are all examples of how older adults are networking, staying active, and reweaving social networks.

8. OLD PEOPLE ARE DEPRESSED AND HAVE EVERY RIGHT TO BE. Older adults, as a group, report happier moods than midlife adults.

9. WISDOM REQUIRES BEING SMART AND OLDER. Wisdom does not spring merely from growing older but rather from learning from experience, living life to its fullest, and coming to know one's self. Wisdom has little to do with intelligence (measured in traditional IQ scores) coupled with old age. It is more of a journey than a destination.

Source: Powell, Douglas H. (1998). *Maximizing the Quality of Later Life.* New York: W.H. Freeman.

Figure 1.2

◆ **Essential Questions:** ◆
Perspectives of Myths on Aging

1. What does Butler perceive as the most important thing that individuals who work with older adults need to recognize?
2. Why is it important for caregivers to see the older adult as a person with experiences who just happens to be older and not just as an older adult person?

FUTURE TRENDS

The older adult population will continue to grow significantly in the future. This growth somewhat slowed during the 1990s because of the relatively small number of babies born during the Great Depression of the 1930s. The older adult population will increase greatly between the years 2010 and 2030 when the baby boomers reach the age 65.

In 2030, the older adult population should reach about 70 million people, more than twice the population in 1998. Older adults will represent one out of every five Americans. Minorities are anticipated to represent about 25 percent of the total population.

America is growing older, and most older Americans are women. Today, the average life expectancy for women is 79.4 years and 73.9 years for men. Life expectancy is expected to increase in this century, and it is likely to increase at a slightly higher rate among women.

◆ **Essential Questions:** ◆
Future Trends

1. What historical event caused the older adult population to slow down during the 1990s?
2. How will the baby boomers affect the older adult population?
3. Why are there more women than the men in the older adult population?

Chapter Highlights

- Today's older adults are healthier and better educated than in past generations.
- The fastest growing group is that of people over eighty-five.
- Today the older adult population represents one in every eight Americans.
- On the average, those that reach the age of sixty-five can expect to live 17.6 additional years.
- People age primarily in four ways: chronologically, biologically, psychologically, and socially.
- Statistically, most older adults do not think of themselves as "old."
- Less than 5 percent of older adults actually live in institutions.
- The older adult population is expected to continue growing with a rapid increase expected between the years 2000 and 2030.
- Multigenerational families are becoming more common due to the increased longevity or life span of the American population.
- In 2030, the older adult population should reach about 70 million people, more than twice the population in 1998.
- Older adults will represent one out of every five Americans by 2030.
- Minorities are anticipated to represent about 25 percent of the total population.
- Today, the average life expectancy for women is 79.4 years and 73.9 years for men.

Chapter 2

Legislation and Services Developed for Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C Identify laws, trends, and issues affecting older adults.

1D Analyze factors contributing to the growing older adult population.

1E Predict how changing demographics impact older adults and society as a whole.

Chapter Vocabulary

advocacy group
Administration on Aging
Aging Network
AARP
Department of Health and Human Services
Gray Panthers
intergenerational care
Older Americans Act of 1965
ombudsman
Silver Haired Legislature
Texas Department on Aging
White House Conferences on Aging

One basic goal of a caregiver is to enable the needs of older persons to be met—whether it is through the efforts of the caregiver or through the use of resources. The role of caregiver for the older adult does not include making decisions for older persons but rather assisting them in obtaining information they need to make a decision. If the older person is genuinely unable to make a decision that must be made, such as whether or not to have plumbing repaired, the role of the caregiver is to contact the responsible family member, friend, or agency personnel to make a decision. When the caregiver has a knowledge of the community, state, and federal services available, the caregiver is better equipped to meet the needs of the older adult population.

DEVELOPMENT OF LEGISLATION FOR OLDER ADULTS

There have been several national conferences designed to define issues relative to aging over the past fifty years. In 1950, the first national conference was held. This informal meeting resulted in the development

DID YOU KNOW?

Anna Mary Robertson Moses, better known as Grandma Moses, had no formal art training and was largely self-educated. She began to paint rural scenes for her own pleasure in her late 70s.

Jessica Tandy, at age 74, opened on Broadway in a challenging role as Amanda in a revival of Tennessee William's *The Glass Menagerie.*

Winston Churchill, Prime Minister of Great Britain, initiated his protest against Hitler at age 65. He returned to the House of Commons as a member of Parliament at age 80.

Alexander Graham Bell perfected the telephone at 58 years old and solved the problem of stabilizing the balance of airplanes in his 70s.

George Washington Carver was revered as a great scientist, educator, and humanitarian well into his late 70s and early 80s.

Golda Meir served as prime minister of Israel from age 70 through 76.

Dr. Seuss wrote *The Cat in the Hat* at 53 and *You're Only Old Once* at age 82.

Hector P. Garcia served his entire lifetime helping others, especially the Hispanic population, and received the Presidential Medal of Freedom at the age of 70.

Noah Webster published his infamous dictionary at the age of 70.

Antonio Stradivari fashioned two of his famous violins in his early 90s.

Frank Lloyd Wright designed the Guggenheim Museum in New York City at 91.

of a Special Staff on Aging and six objectives. The following six objectives were created:

- Provide a forum for persons concerned with aging.
- Reevaluate the potentials of the older adult population.
- Stimulate the exchange of ideas among people with a view to solving problems of aging.
- Define the nature and extent of the problems.
- Promote research in the phases of aging.
- Transmit findings to groups as guidelines for the development of policies with regard to older persons.

Later, the Federal Council on Aging was developed to make recommendations concerning the needs of older adults. Through this council, the growing need for direction and increased activity in the field of aging was made known.

White House Conferences on Aging

White House Conferences on Aging (WHCoAs) were designed to bring together delegates from across the country to encourage a nationwide focus on aging issues. In 1961, the first official White House Conference on Aging (WHCoA) made many recommendations which became law in the mid-1960s.

Each state was requested to give an analysis of the needs and circumstances of its older adult population. As a result of this, the Department of Health, Education, and Welfare was created and through the years has been divided into other agencies (Department of Education and the Department of Health and Human Services). ***The Department of Health and Human Services*** is the name of the governing agency today which helps set up grants to states for community services, training, and research for older adults.

In 1971, the Second White House Conference on Aging was successful in prompting national response to the concerns of older adults. The main objectives of the 1971 conference were the establishment of an income assistance program to reduce poverty among older adults and improvement of transportation services for rural and urban older Americans. The conference also called for coordination of services among Federal, state, and local aging agencies. Other major outcomes of the conference were the establishment of the National Institute on Aging and the enactment of the Age Discrimination Employment Act, which raised the mandatory retirement age from sixty-five to seventy.

The Third White House Conference on Aging took place in 1981. Grassroots involvement was sought, and approximately 10,000 community forums were held across the nation within two years leading up to the conference. Numerous new issues were featured, including ageism, intergenerational programming, long-term health care, and the need to combat negative stereotyping of older adults.

The Fourth White House Conference on Aging was held in 1995. It built upon the legacy of its predecessors with greater grassroots participation, increased focus on intergenerational issues, and a commitment to designing strategies for implementing the policies by its delegates.

◆ ***Essential Questions:*** ◆

Development of Legislation for Older Adults

1. What were the results of each of the four White House Conferences on Aging?
2. What is purpose of the Department of Health and Human Services?

HIGHLIGHTS OF LEGISLATION FOR OLDER ADULTS

The ***Older Americans Act of 1965***, as amended, established the Administration on Aging and its counterpart, the State Units on Aging. Additionally, new programs addressed such diverse issues as health care, social services, housing, job training, and volunteer opportunities. This act is considered to be one of the most important contributions of legislation for aging. Figure 2.1, Historical Evolution of Programs for Older Americans, highlights significant legislation for older adults since 1920.

◆ ***Essential Questions:*** ◆

Highlights of Legislation for Older Adults

1. Why is the Older Americans Act of 1965 considered to one of the most significant legislative contributions for aging?
2. With which of the legislative actions are you the most familiar with? How have these legislative actions benefited older adults?

Historical Evolution of Programs for Older Americans

1920 ☐ The Civil Service Retirement Act provided a retirement system for many governmental employees.

1935 ☐ The Social Security Act passed, provides for Old Age Assistance and Old Age Survivors Insurance.

1937 ☐ Railroad Retirement Act provided pensions for retired railroad employees and spouses.

1950 ☐ President Truman initiated the first National Conference on Aging, sponsored by the Federal Security Agency.

1952 ☐ First federal funds appropriated for social service programs for older persons under the Social Security Act.

1956 ☐ Special Staff on Aging established within the Office of the Secretary of Health, Education and Welfare, to coordinate responsibilities for aging.

☐ Federal Council on Aging created by President Eisenhower.

1958 ☐ Legislation introduced in Congress calling for a White House Conference on Aging.

1959 ☐ Housing act authorized a direct loan program for non-profit rental projects for the elderly at low interest rates and lowered eligibility ages for public-low-rent housing, for low-income women to age 62.

1960 ☐ Social Security Administration eliminated age 50 as minimum for qualifying for disability benefits and liberalized the retirement test and the requirement for fully insured status.

1961 ☐ First White House Conference on Aging held in Washington, D.C.

☐ Social Security Amendments lowered the retirement age for men from 65 to 62, liberalized the retirement test, and increased minimum benefits and benefits to aged widows.

1962 ☐ Legislation introduced in Congress to establish an independent and permanent Commission on Aging.

1965 ☐ Older Americans Act signed into law on July 14, 1965. It established the Administration on Aging within the Department of Health, Education and Welfare and called for the creation of State Units on Aging.

☐ Medicare, Title XVIII, a health insurance program for the elderly was established as part of the Social Security Act.

☐ Medicaid, Title XIX, a health insurance program for low-income persons was added to the Social Security Act.

1967 ☐ Older Americans Act extended for two years, and provisions made for the Administration on Aging to study the personnel needs in the aging field.

☐ Age Discrimination Act signed into law.

☐ Administration on Aging moved from the Office of the Secretary of HEW and placed in the newly created Social and Rehabilitative Service Agency within the Department.

1969 ☐ Older Americans Act Amendments provided grants for model demonstration projects, Foster Grandparents, and Retired Senior Volunteer Programs.

1971 ☐ Second White House Conference on Aging held in Washington, D.C.

1972 ☐ A new Title VII is created under the Older Americans Act authorizing funds for a national nutrition program for the elderly.

1973 ☐ Older Americans Act Comprehensive Services Amendment established Area Agencies on Aging. The amendments added a new Title V, which authorized grants to local community agencies for multipurpose senior centers, and created the Community Service Employment grant program for low-income persons age 55 and older, administered by the Department of Labor.

☐ Comprehensive Employment and Training Act was enacted; included older persons.

1974 ☐ Title XX of the Social Security Amendments authorized grants to states for social services. These programs included protective services, homemaker services, transportation services, adult day care services, training for employment, information and referral, nutrition assistance, and health support.

☐ Older Americans Act amendments added transportation under Title III model projects.

☐ Housing and Community Development Act enacted; provided for low-income housing for the elderly and handicapped, pursuant to the Housing Act of 1937.

☐ National Institute on Aging created to conduct research and training related to the aging process and the diseases and problems of an aging population.

☐ Title V of the Farm and Rural Housing Program of 1949 is expanded to include the rural elderly as a target group.

1975 ☐ Older Americans Act amendments authorized grants under Title III to Indian tribal organizations. Transportation, home care, legal services, and home renovation/repair were mandated as priority services.

1977 ☐ Older Americans Act amendments required changes in Title VII nutrition programs, primarily related to the availability of surplus commodities through the Department of Agriculture.

Figure 2.1

1978 ☐ Older Americans Act amendments consolidated the Title III Area Agency on Aging administration and social services, the Title VII nutrition services, and Title V multi-purpose senior centers, into a new Title III and added a new Title VI for grants to Indian Tribal Organizations. The old Title V became the Community Service Employment grant program for low-income persons age 55 and older (created under the 1978 amendments at Title IX).

☐ Congregate Housing Services Act authorized contracts with local public housing agencies and nonprofit corporations to provide congregate independent living services programs.

☐ OAA amendments required each state to establish a long-term care ombudsman program to cover nursing homes.

1981 ☐ Third White House Conference on Aging held in Washington, D.C.

☐ Older Americans Act reauthorized; emphasized supportive services to help older persons remain independent in the community. Act expanded ombudsman coverage to board and care homes.

1984 ☐ Reauthorization of the Older Americans Act clarified and reaffirmed the roles of State and Area Agencies on Aging in coordinating community-based services and in maintaining accountability for the funding of national priority services (legal, access, and in-home).

1987 ☐ Omnibus Budget Reconciliation Act provides for nursing home reform in the areas of nurse aide training, survey and certification procedures, pre-admission screening, and annual reviews for persons with mental illness.

☐ Reauthorization of the Older Americans Act added six additional distinct authorization of appropriations for services: in-home services for the frail elderly; long-term care ombudsman; assistance for special needs; health education and promotion; prevention of elder abuse, neglect, and exploitation; and outreach activities for persons who may be eligible for benefits under supplemental security income (SSI), medicaid, and food stamps. Additional emphasis was given to serving those in the greatest economic and social need, including low-income minorities.

☐ The Nursing Home Reform Act (Omnibus Budget Reconciliation Act) mandated that nursing facility residents have "direct and immediate access to ombudspersons when protection and advocacy services become necessary." Simultaneously, the OAA reauthorization charged states to guarantee ombudsman access to facilities and patient records, provided important legal protections, authorized state ombudsmen to designate local ombudsman programs, and required that ombudsman programs have adequate legal counsel.

☐ Americans with Disabilities Act extended protection from discrimination in employment and public accommodations to persons with disabilities.

1990 ☐ Cranston-Gonzalez National Affordable Housing Act reauthorized the HUD Section 202 Elderly Housing program, and provided for supportive service demonstration programs.

☐ Age Discrimination in Employment Act made it illegal, in most circumstances, for companies to discriminate against older workers in employee benefits.

1992 ☐ Reauthorization of the Older Americans Act places increased focus on caregivers, intergenerational programs, and protection of elder rights and calls for a 1995 White House Conference on Aging.

☐ The elevation of Commissioner on Aging to Assistant Secretary for Aging.

☐ OAA amendments added a new Title VII "Vulnerable Elder Rights Activities" which included the long-term care ombudsman; prevention of elder abuse, neglect, and exploitation; elder rights and legal assistance development; and benefits outreach, counseling, and assistance programs. The legislation emphasized the value of the four programs coordinating their efforts. The amendments highlighted the role of local ombudsman programs and the state ombudsman's role as leader of the statewide program and advocate and agent for systemwide change.

1993 ☐ Fernando M. Torres-Gil was sworn in as the first Assistant Secretary for Aging in the Department of Health and Human Services on May 6, 1993.

1994 ☐ President Bill Clinton called for the fourth White House Conference on Aging. Describing the conference as a way of "keeping faith with the senior citizens of this country," the President pledged that the conference would take place no later than May of 1995.

1995 ☐ White House Conference on Aging convened May 2-5, 1995 in Washington, D.C.

☐ 30th Anniversaries of Older Americans Act, Medicare, Medicaid, and the Foster Grandparent Program.

☐ 60th Anniversary of Social Security.

☐ Operation Restore Trust initiated.

1997 ☐ Jeanette C. Takamura, Ph.D., was sworn in as Assistant Secretary for Aging in the U.S. Department of Health and Human Services on December 8, 1997.

1999 ☐ International Year of Older Persons: A Society for All Ages.

Source: Administration on Aging (2000)
http://www.aoa.dhhs.gov/network/history.html

Figure 2.1-continued

RIGHTS OF THE OLDER ADULT POPULATION

The National Conference on Aging in 1961 established several rights for the aging population. These rights are privileges to which older adults are justly entitled. Although these rights were established almost forty years ago, they still apply today. These rights include the following:

- The right to be useful
- The right to obtain employment based on merit
- The right to freedom from want in old age
- The right to a fair share of the community's recreational, educational, and medical resources
- The right to obtain decent housing suited to needs of later years
- The right to the moral and financial support of one's family so far as it is consistent with the best interest of the family
- The right to live independently, as one chooses
- The right to live and die with dignity
- The right of access to all knowledge on how to improve the later years of life.

◆ **Essential Questions:** ◆

Rights of the Older Adult Population

1. What group was responsible for establishing rights of older people?
2. Why are these rights important to the older adult population?

PROTECTING THE RIGHTS OF OLDER AMERICANS

While conditions for older Americans have improved since passage of the Older Americans Act of 1965 (OAA), many older adults still are denied their basic rights and benefits and suffer abusive situations ranging from financial exploitation to severe neglect. These individuals may need advocacy on their behalf because their physical or mental abilities, social isolation, limited educational attainment, or limited financial resources prevent them from being able to protect, or advocate, for themselves.

ADVOCACY ORGANIZATIONS

The ***Administration on Aging (AoA)*** is the federal focal point and advocate agency for older persons and their concerns. In this role, AoA works to increase awareness among other government agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the nation and alerts them to the needs of vulnerable older people. Through information and referral and outreach efforts at the community level, AoA seeks to educate older people and their caregivers about the benefits and services available to help them.

The Texas Department on Aging is the state's visible advocate and leader in providing for a comprehensive and coordinated continuum of services and opportunities so that older people can lead dignified lives.

Various ***advocacy groups*** (groups that provide political support) on aging are becoming increasingly influential and beginning to have a noticeable impact on the formation of the nation's policies. The following groups are more widely known for their effectiveness in informing legislators of needs of older adults.

AARP

The ***AARP*** informs members about legislative issues of special concern to older persons that are being considered by Congress and state legislators and works to educate legislators about the need for improved pension coverage, a national health insurance program, elimination of mandatory retirement, and tax reform.

Gray Panthers

The ***Gray Panthers*** is a politically active group that keeps abreast of legislation and programs for older adults and alerts older Americans about pending legislation that might affect them.

Silver Haired Legislature

The ***Silver Haired Legislature*** is a body composed of delegates elected by older persons whose purpose is to identify legislative priorities desired by older adults and lobby for the implementation of the desired priorities at the local or state level.

As caregivers work directly with older adults, they become aware of special needs that arise for that age group. Through the growing cooperation between individuals working in services for older adults, policy makers, and state and federal agencies, complete care for the older adult population is becoming more of a reality.

◆ Essential Questions: ◆ Advocacy Organizations

1. How do the various advocacy groups provide political support for the aging?
2. How would you compare and contrast the goals of the various advocacy organizations?

COMMUNITY, STATE, AND FEDERAL SERVICES

In 1981, the Texas Legislature formed the ***Texas Department on Aging*** to provide a state agency to serve older citizens of the state. This department was created to help older Americans live as actively and independently as possible in the state of Texas. To help fulfill this goal, the department created the ***Aging Network,*** which is made up of twenty-eight area agencies helping provide services to older people of the state. Each area agency is responsible for assessing the needs of the older population and developing written plans to meet the needs within their region of service. The Department on Aging and the Aging Network work closely with other state and local organizations to create needed services where none exist. The variety of community, state, and federal services available for the older adults include, but are not limited, to the following services.

Nutritional Services

Meals are served at senior centers and nutrition sites or delivered to home-bound older adults. Meals on Wheels or similar organizations provide nutritious meals for a nominal fee.

Transportation

Rides are provided to nutrition sites and senior centers, medical appointments, shopping, and recreational activities. In some rural areas, transportation may be provided for older adults to nearby cities for medical treatment and other appointments.

Health Screening

Physical monitoring services, such as dental, blood pressure, diabetes, sight, and hearing checkups, are provided in addition to information on prescription drug use. Many organizations, such as the county and city health clinics or the Cooperative Extension Service, may offer health screening.

Recreation

Opportunities are offered to seniors to enjoy the companionship of others and prevent social isolation. Travel to plays, musical shows, sightseeing trips, and other events are available to older adults for a reasonable fee.

Homemaker Services

Assistance is provided to homebound older adults and includes chore assistance, housekeeping, and personal care. Visitation and telephone reassurance are often available as well.

Ombudsman Services

A long-term care ***ombudsman*** is an advocate for residents of nursing homes, board and care homes, assisted living facilities, and similar adult facilities. They work to resolve problems of individual residents and to bring about changes at the local, state, and national levels to improve care.

Options for Independent Living

A case manager, after conducting an individual assessment of each older person, develops a plan of care in conjunction with the participant and family. The case manager coordinates available public and private resources and then monitors and follows up. This allows for "one-stop" access to services.

Retired Senior Volunteer Program (RSVP)

RSVP is a program designed to help meet critical community needs by linking people over fifty-five to volunteer opportunities that respond to those needs and to support and recognize their volunteer service. For seniors who already volunteer at one of our more than 135 agencies with which RSVP works, benefits are provided free to all registered and reporting volunteers.

Other Services

These services include legal assistance and benefits counseling, local discount programs, residential repair, physical fitness, and outreach.

Any citizen who is at least sixty years of age is eligible for services provided by the Texas Department on Aging. Priority is given to those individuals considered to be in greatest economic need, but no income test is required for obtaining services. Although all of the services are free, individuals may make contributions to defray program costs.

Discounts

There is a growing trend for theaters, parks, bus companies, universities, and stores to offer special senior citizen discounts on goods or services. Senior citizen discounts usually allow 10 to 15 percent off of the regular price. These small savings can amount to many dollars over a period of time, especially when persons depending on city bus transportation receive a discount each time they ride a bus.

Some stores require that a yearly membership card be purchased to receive the senior citizen discounts. This type of membership often has savings benefits up to 30 percent off the regular price of goods and services. So even if the older person must first buy a membership card, the savings soon pay for the card and more. Senior citizen discounts are often offered on the following: hotels and motels, rental cars, airlines, motorhome travel, vacations, campgrounds, parks, restaurants, movie theaters, prescription drugs, eye glasses, and contact lenses.

Information on Services or Benefits

The Texas Department on Aging maintains an Information and Referral office that provides accurate information on the availability of resources, follow-up services, and assistance to area agencies on aging. For general referral, many social service agencies within individual communities serve as a referral service to other agencies within a community. Places in the community to contact for general referral include the United Way as well as City, County, or State Welfare and Health Departments. The Texas Information and Referral Network offers this information for its residents.

Community Volunteers

To help prevent homebound people from feeling too lonely, some communities set up a Friendly Visitor Service. This means that volunteers agree to come to the house and sit and talk with a homebound person each week. It is a way of bringing the outside world in to people. Both the volunteer and the confined person receive pleasure from such visits.

Another volunteer service commonly available to older adults is Telephone Reassurance. This service provides volunteers to telephone older people who have no relatives living nearby. Each volunteer telephones a list of older people each day to see if they are all right. If no one answers the telephone, it is reported to a central office where someone looks into the matter. These calls help older adults feel that they are not forgotten.

Intergenerational Programs

With the increasing need for caregivers of both young and older age groups, one growing concept is intergenerational caregiving. ***Intergenerational care*** is any older adult care or child care program that incorporates activities to increase cooperation, interaction, and exchange between two generations.

The greatest benefit of a successful intergenerational program is the bonding that frequently occurs between the two different age groups. These mutually rewarding relationships can result in very valuable, life-changing experiences. Children can benefit from the patient nurturing of older persons. The younger age group can also gain insight from the shared wisdom, knowledge, and skills of older adults. Older participants have been known to develop an increased sense of self-esteem, self-worth, and competence.

There are six types of intergenerational programs that serve as models. These six programs can be found in most areas of human services.

- **Child Care Centers Staffed by Older Workers and Volunteers.** Older workers and volunteers are trained to work in child care centers. The older adults who work in these centers are either paid or volunteers.

  The Young at Heart program is an intergenerational initiative benefiting children and older Texans by providing opportunities for older adults to volunteer and work in child care centers. It is sponsored under the direction of the Texas Department of Protective and Regulatory Services.

- **Child Care Centers in Long-term Care Facilities.** These centers combine a variety of resources in facilities for young and the old. In many cases, an "on site" child care center is provided to the employees of a long-term care facility. In other cases, the on site facility is open to the community. The intergenerational interaction between residents and children is usually planned although spontaneous interaction has proven successful as well.

- **Adult Care and Child Care Offered in the Same Facility.** Adult day care programs and child care programs are housed in the same facility, and both age groups participate in numerous joint activities. Each has its own staff and space so that the special needs of each population can be met.

- **Trained Older Workers as Family Day Home Caregivers.** Using special funding, some community colleges are training older workers as family home caregivers. The older worker is then certified to provide child care in their homes, offering them new sources of income and the opportunity to develop new roles and relationships.

- **Visitation.** Opportunities for interaction through intergenerational activities occur when older adults visit child care centers or children visit senior centers, adult day care centers, or long-term care facilities. This is probably the most common type of intergenerational interaction.

- **Volunteer Services.** A volunteer service program provides opportunities for interaction through regular commitments made by youth and older adults. Both youth and older adults volunteer their time and abilities to provide a meaningful service to the other generation.

One of the most innovative initiatives is the Youth Exchanging with Seniors (Y.E.S.) project where youth groups such as 4-H members and Family, Career and Community Leaders of America (FCCLA) participate. The youth team is an ongoing service/friendship with older adults to learn employability skills, to share life stories, to experience aging-related concerns, and to discover that intergenerational understanding and bonding can promote dignity and respect.

◆ Essential Questions: ◆ Community, State and Federal Services

1. Describe five services that are provided by local, state, and federal organizations and agencies.
2. What is intergenerational care? How does it promote increased cooperation, interaction, and exchange between the generations?

ORGANIZATIONS AND AGENCIES THAT PROVIDE SERVICES FOR OLDER ADULTS

Many of the organizations and agencies now in operation can provide information about specific issues related to the needs of today's older adult population. Services and information provided by these organizations and agencies can help to enhance the quality of life and well-being of older adults as well as help the older person to better cope with limitations associated with the aging process. The ability to receive current information and support about specific areas of concern can promote feelings of independence and self-sufficiency for the older person. Information is sometimes all that is needed by older persons to resolve their own difficulties.

Organizations that provide information and service assistance to older adults are either private or public–many with local chapters. Examples of issues addressed by these organizations include concerns relating to housing, health care, health promotion, transportation, and employment. These organizations and agencies can prove to be a major source of support to older persons and their caregivers.

Examples of frequently utilized organizations of benefit to older adults and their families may include some of the resources listed on Figure 2.2.

◆ Essential Questions: ◆
Organizations and Agencies That Provides Services for Older Adults

1. In what ways can organizations concerned with quality adult care be of assistance to older adults? to caregivers? to families?

2. Why is it important for those working with older adults to be aware of the resources available to help older adults?

Resources That Service Older Adults and Their Families

General Resources:

- Administration on Aging
- AARP
- American Red Cross
- American Society on Aging
- Generations United
- Individual State Agencies such as the Texas Department on Aging
- National Asian Pacific Center on Aging
- National Caucus and Center on Black Aged
- National Center Citizens Law Center
- National Council on the Aging
- National Hispanic Council on Aging
- National Indian Council on Aging
- Texas Department of Health
- Texas Information and Referral Network
- Texas Department of Protective and Regulatory Services
- U.S. Department of Health and Human Services

Caregiving Resources:

- Texas Assurance Care
- Children of Aging Parents
- Eldercare Locator
- Family Caregiving Alliance
- Families USA
- National Family Caregivers Association

Health-related Resources:

- Alzheimer's Association
- American Association for Geriatric Psychiatry
- American Foundation for the Blind
- American Occupational Therapy Association
- American Physical Therapy Association
- Arthritis Foundation
- National Hospice and Palliative Care Organization
- National Stroke Association

Home Care, Assisted Living:

- American Association Home and Services for the Aging
- American Health Care Association
- Hospice Association of Home Care
- Meals on Wheels Association of America
- National Association for Home Care
- National Association of Residential Care Facilities
- Visiting Nurse Association

Hospice:

- American Association of Pastoral Counselors
- Hospice Association of America
- National Hospice and Palliative Care Organization

Long-term Care:

- American Association of Homes and Services for the Aging
- American Federation of Home Health Care Agencies
- American Health Care Association
- National Association for Home Care
- National Association of Residential Facilities

Figure 2.2

Chapter Highlights

☆ Legislation of interest to older adults also affects those that work in services for older adults.

☆ White House Conferences on Aging (WHCoAs) were designed to bring together delegates from across the country to encourage a nationwide focus on aging issues.

☆ The Older Americans Act of 1965, as amended, established the Administration on Aging and its counterpart, the State Units on Aging.

☆ The Older Americans Act of 1965 is considered to be one of the most important legislative actions for older adults.

☆ The Department of Health and Human Services is the name of the governing agency today which helps set up grants to states for community services, training, and research for the older adult population

☆ While conditions for older Americans have improved since passage of the Older Americans Act of 1965 (OAA), many older adults still are denied their basic rights and benefits and suffer abusive situations ranging from financial exploitation to severe neglect.

☆ The Administration on Aging (AoA) is the federal focal point and advocate agency for older persons and their concerns.

☆ The Texas Department on Aging is the state's visible advocate and leader in providing for a comprehensive and coordinated continuum of services and opportunities so that older people can lead dignified lives.

☆ Organizations and agencies on aging have a tremendous impact on the formation of policies for our state and nation.

☆ Social security benefits are received mostly by persons sixty-five years and older and remaining benefits are received by disabled persons, dependents of persons receiving social security, or widow/widowers of a benefits recipient who has died.

☆ In Texas and many other states, older Americans are assisted by many programs under the direction of the State Department on Aging.

☆ Businesses often offer special discounts on goods and services to older adults.

☆ The greatest benefit of a successful intergenerational program is the bonding that occurs between the two age groups.

☆ Services and information provided and organizations and agencies can help to enhance the quality of life and well-being of the older adult as well as help the older person to better cope with limitations associated with the aging process.

Chapter 3

Contributions That Older Adults Make to Society

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1F Determine the role of older adults, their status, and contributions in various cultures.

4A Determine contributions older adults make to society through personal achievement, family life, employment, and volunteerism.

4B Predict ways an increasing older population can benefit society.

8A Assess the impact of culture on the role of older adults.

Chapter Vocabulary

- Experience Works! ™
- Foster Grandparents
- Green Thumb, Inc.
- Job Training Partnership Act
- Peace Corps
- Retired Senior and Volunteer Program (RSVP)
- Senior Community Service Employment Program (SCSEP)
- Senior Companions
- Senior Corps
- Senior Corps of Retired Executives (SCORE)
- Welfare-to-Work Initiative

Getting old is better! Researchers have studied the lives of 400 famous people and found that 35 percent of the group's achievements came when they were between sixty and seventy years old. Twenty-three percent of the people became famous when they were between seventy and eighty; and 8 percent when they were over eighty years of age.

Older adults do not have to be famous to make valuable contributions to society. There are probably many people in our own communities who never had their name in the headlines or their photograph in the local newspaper. Their contributions may have varied from providing hundred of hours at the local food bank, serving as a mentor at the elementary school, picking up trash on the city streets, or volunteering to rock babies in the hospital nursery. No matter now big or small the task, each act was a contribution to society.

DID YOU KNOW?

The aging of America presents many challenges, but it also offers many opportunities. Older Americans represent a great reservoir of talent, experience, and knowledge which can and is being used to better their communities and nation.

From the perspective of youth and middle age, old age seems a remote, and, to some, an undesirable period of life. To many older adults it is a period of life where they can continue to make contributions to others through volunteer and employment opportunities.

The aging of America presents many challenges, but it also offers many opportunities. Older Americans represent a great reservoir of talent, experience, and knowledge which can and is being used to improve their communities and the nation.

EMPLOYMENT OPPORTUNITIES

Older adults offer tremendous benefits to American businesses and the economy. Older Americans represent a largely untapped resource, since public and private workplaces often implement programs that encourage retirement instead of employment. Businesses and legislators should create workplace policies and practices that encourage the growing number of older adults who would like to work.

The older worker brings a lifetime of experience, expertise, and skills, and they are good role models for younger employees. Studies show that older workers' attendance is as high or higher than that of younger workers, they have lower job turnover, and they have fewer accidents on the job. Studies also show that the ability to learn remains constant throughout the life span.

It would seem that older workers make ideal employees. However, they spend, on the average, twice as long as their younger counterparts in seeking new employment, they often have to accept lower salaries in new jobs, and some become discouraged to the point where they stop looking for work.

Because of low unemployment levels, the declining number of younger workers, and the growing number of older Americans, it makes sense to utilize the resources of older workers through new and continuing employment opportunities. Providing job opportunities for older adults makes good economic sense.

In the past several decades, there has been a continuing trend toward early retirement. This has placed added strains on private pensions and the Social Security system and may leave retirees without sufficient incomes, especially in cases where pension benefits are not tied to the cost of living expenses.

Experts anticipate that this trend may be reversed in the future. Changes in the age eligibility for Social Security retirement benefits, Medicare eligibility, and private pensions, as well as a decline in personal savings, could result in more older workers remaining in the workforce. The number of baby boomers who will be fifty-five or older in 2005 will double the number of older workers.

Green Thumb

Green Thumb, Inc. is America's oldest and largest provider of mature- and disadvantaged-worker training and employment. The mission of Green Thumb is to strengthen families, communities, and the nation by providing individuals with opportunities to learn, to work, and to serve others. Green Thumb was first chartered in 1965 to make use of the "green thumbs" of retired farmers to improve the nation's parks and highways. Four different programs are offered by Green Thumb. These include: Senior Community Service Employment Program, Job Training Partnership Act projects, Experience Works! ™ Staffing Service, and the Welfare-to-Work Initiative.

Senior Community Service Employment Program. ***The Senior Community Service Employment Program (SCSEP)*** is one of the most innovative and cost effective of federal workplace initiatives sponsored by Green Thumb. The program operates in 45 states and territories and allows approximately 27,000 low-income older Americans to stay off public assistance and remain productive and independent.

By using the talents, skills, and abilities of Green Thumb participants, they are able to help alter stereotypes about the aging process and older adults. They demonstrate the value of older adults by participating in America's workforce, which will increasingly depend on them to fills its labor needs. Green Thumb participants also set an example to other older adults to continue working and learning. Many individuals who are employed in the program are able to move on to better-paying unsubsidized positions.

Job Training Partnership Act. Green Thumb operates older worker training projects under the ***Job Training Partnership Act***. For disadvantaged adults, 55 or older, these projects involve occupational skills, classroom, or on-the-job training. Training is provided for participants about high-growth occupations such as computer operator and home health aide. Many of the projects are geared toward the needs of the individual participants. On-the-job-training is often coordinated with employers who require special skills and the employer receives partial reimbursement for training the individuals.

Experience Works! ™ A national staffing service, ***Experience Works! ™***, was specifically created for mature workers regardless of their age and income. The program helps older workers find positions that match their skills, abilities, and work preferences while at the same time helping employers to fill their temporary, temporary to permanent, and permanent full-time and part-time employment with reliable, skilled, and experienced workers. It is also available to older adults at no charge.

Welfare-to-Work Initiative. A relatively new welfare-to-work program is built on the Green Thumb self-sufficiency model. The ***Welfare-to-Work Initiative*** utilizes a wide range of workforce development strategies and unique value added service to move people quickly into employment. Through work-based learning, older adults gain job experience and develop transferable employability skills. Green Thumb serves as a job placement contractor. Older individuals are often recruited, trained, and assigned as mentors and role models for welfare recipients.

Green Thumb is committed to be the national leader in older worker training, employment, and community service by developing creative, customer-focused solutions using the talents and skills of disadvantaged and older individuals in meeting the needs of the nation's families, communities, and aging population.

Older Worker Projections

The Council for Economic Development found from demographic projections, employment and retirement trends, and surveys on workplace attitudes and practices affecting older workers, that the status quo, in which older workers are overlooked and underutilized, is no longer desirable or sustainable for businesses, workers, or the economy. Today's average age of retirement is 62, compared with 65 only 30 years ago.

According to the Social Security Administration, the earliest a person can start receiving retirement benefits will remain at age 62. However, beginning with people born in 1938 or later, that age will gradually increase until it reaches 67 for people born after 1959. Congress cited improvements in the health of older people and increases in average life expectancy as major reasons for increasing the normal retirement age.

Whether out of financial necessity or personal satisfaction, many older adults and especially baby boomers, indicate a willingness to continue to work. Many individuals have not saved enough to maintain their lifestyles in retirement unless they continue to work. Increasing the labor force participation of older Americans will provide a broader taxpayer base, enhance the lives of older Americans, and enable businesses to profit from the talent and resources of their older employees.

◆ Essential Questions: ◆
Employment Opportunities

1. What benefits do older adults provide for the economy and workforce?
2. Why are many older adults working?
3. How has Green Thumb provided new opportunities for older workers and businesses?
4. What are the projections for older workers?

VOLUNTEER OPPORTUNITIES

Some 15 million older adults volunteer, which is nearly half of the 65 and older population in the United States. Despite the large number of people who share their time and talents, the needs of communities and the nation are greater than the number of people who volunteer.

Membership in Voluntary Organizations

The kind of organizations in which older people participate varies by gender and ethnic minority groups. Older women appear to be more active participants in voluntary associations than are older men. Women's multiple roles at earlier stages of the life span, such as volunteer work and participation in voluntary associations, has been found to be positively related to health and occupying multiple roles in older age.

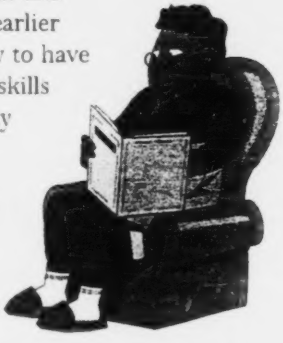
According to Hooyman and Kiyak (1999), older African Americans have higher rates of organizational membership than do older whites or members of other ethnic minority groups. Although with both African Americans and white groups, membership is most frequent among those with better health and higher income and education levels. Older African Americans are likely to belong to church-related groups and social and recreational clubs. Older white Americans frequently belong to national organizations and senior citizen clubs. Hispanics are likely to participate in fraternal and service-oriented organizations and mutual aid groups. Some of these memberships are often related to historical events rather than to age or ethnicity.

Older persons who are active in community and interest organizations derive a variety of benefits. Socializing appears to be the primary reward. Because many organizations are age-graded, people interact with others similar in age and interests. These interactions often result in friendships, support, mutual exchange of resources, and collective activity.

Membership in voluntary groups can also help older adults maintain social integration, especially after losses in roles and in interactions with others. While some members participate for social and recreational activities, for others it provides opportunities for active, intense involvement, and significant leadership roles.

Volunteer Work

Older Americans, especially retired people, are in an excellent position to volunteer. They not only have the experience and expertise to assist in a variety of activities, but they also have the time to volunteer. Because many older adults are retiring at younger ages and are in better health and better educated than earlier cohorts, they are likely to have the time, energy, and skills to contribute to society through volunteer work. Older adults have played a critical role as volunteers in hospitals, senior centers, churches, child care centers, and schools. Such activity is consistent with the concept of productive aging. This kind of volunteering, similar to participation in voluntary organizations, is more characteristic of American society than others.



The federal government has established volunteer opportunities that benefit from the diverse talents of older Americans. The programs are under the direction of the Administration on Aging (AoA) in the U.S. Department of Health and Human Services, the National Senior Service Corps under the Corporation for National and Community Service, the Senior Corps of Retired Executives (SCORE) under the Small Business Administration, and the National Park Service's Volunteers in Parks (VIP) program.

The Administration on Aging (AoA) uses the talents of approximately half a million older adults who are the backbone of home and community-based service and nutrition programs carried out by AoA's network of agencies and organizations. Volunteers serve in these AoA programs that offer opportunities and services to active older persons, as well as supportive services to those older adults who need assistance. Some of the volunteer activities include:

- assisting at group meal sites and delivering meals to the homebound older population
- escorting frail older adults to health care and other needed services
- visiting homebound older adults
- repairing and weatherizing the homes of frail older adults
- counseling older persons in a variety of areas such as health promotion, nutrition, legal, and financial concerns
- assisting in senior center, adult day care, and other group programs.

Senior Corps. Agencies on aging and other aging organizations that utilize older volunteers also can work with other federally-supported programs whose volunteers serve the at-risk older adult population. ***Senior Corps***, sponsored by the federally-funded Corporation for National and Community Service, is a network of federally-supported programs that help people 55 and older find service opportunities in their communities. Senior Corps volunteers can serve in three types of services: Foster Grandparent Program, Senior Companion Program, and the Retired Senior Volunteer Program (RSVP).

The ***Foster Grandparent Program*** has volunteers who serve children with special or exceptional needs. Across the United States, Foster Grandparents are offering emotional support to child victims of abuse and neglect, tutoring children who are behind in reading, mentoring troubled teenagers and young mothers, and caring for premature infants and children with physical disabilities and severe illnesses.

Foster Grandparent volunteers serve children on a one-on-one basis. Most volunteers serve 20 hours a week and are 60 years of age or older. Foster Grandparents must meet certain income eligibility income guidelines and receive modest tax free stipends to offset the cost of volunteering. They receive reimbursement for transportation, some meals during service, an annual physical, and accident and liability insurance while on duty.

Senior Companions reach out to adults, who need extra assistance to live independently in their own home or communities. Senior Companions assist their adult clients with basic and essential tasks. To be involved in Senior Companions, an individual must be at least 60 years of age and meet certain income eligibility guidelines.

Senior Companion volunteers usually serve 20 hours a week. They receive modest tax free stipends to offset the cost of volunteering and receive reimbursement for transportation, some meals during service, an annual physical examination, and accident and liability insurance while on duty.

The ***Retired Senior Volunteer Program*** helps individuals 55 and older find worthwhile service opportunities in their communities. RSVP volunteers may serve only a few hours or forty hours a week, providing hundreds of services in public and nonprofit organizations that range from education centers to hospitals.

RSVP involves older adults in service that matches their personal interests and makes use of their skills and life experiences. RSVP volunteers provide a wide variety of services such as tutoring children, responding to natural disasters, getting children immunized, mentoring troubled youth, planting community gardens, working in food banks, reading to children in hospitals, and teaching computer classes.

Service Corps of Retired Executives (SCORE). *SCORE* is a nonprofit association dedicated to entrepreneur education and the formation, growth, and success of small businesses across the nation. SCORE is a resource partner with the Small Business Administration. Working and retired businesses owners donate their time and expertise as volunteer business counselors and provide confidential and mentoring free of charge. In 1998, more than one million volunteer hours were donated to help entrepreneurs.

Peace Corps. The ***Peace Corps*** is an organization whose volunteers serve some seventy-seven countries in a variety of roles. Since 1961, the Peace Corps has seen a steady rise in the number of people over 50 serving two years overseas. More older women volunteers serve than men. Older adults in the Peace Corps volunteer in all skills sectors, but are most concentrated in education and business. The oldest volunteer was a man who turned 86 at the completion of his service.

◆ *Essential Questions:* ◆
Volunteer Opportunities

1. What kinds of organizations are available to older adults to volunteer their time and talents?
2. What contributions do older adult volunteers provide to those they serve?
3. How do volunteer experiences benefit older adults?

Chapter Highlights

- Older adults offer tremendous benefits to American businesses and the economy.
- Today's average age of retirement is 62, compared with 65 only 30 years ago.
- Whether out of financial necessity or personal satisfaction, many older adults and especially baby boomers indicate a willingness to continue to work.
- Because of low unemployment levels, the declining number of younger workers, and the growing number of older Americans, it makes sense to utilize the resources of older workers through new and continuing employment opportunities.
- Providing job opportunities for older adults makes good economic sense.
- Green Thumb, Inc. is America's oldest and largest provider of mature- and disadvantaged-worker training and employment
- The Administration on Aging (AoA) uses the talents of approximately half a million older adults who are the backbone of home and community-based service and nutrition programs carried out by AoA's network of agencies and organizations.
- Older adults not only have the experience and expertise to assist in a variety of activities, but they also have the time to volunteer.
- Older persons who are active in community and interest organizations derive a variety of benefits.
- Older women appear to be more active participants in voluntary associations than are older men.

Chapter 4

Employment Opportunities in Serving Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

13H Analyze opportunities in volunteer work with older adults.
14A Determine preparation requirements for various levels of employment in a variety of careers that provide services for older adults.
14B Analyze the future employment outlook in services for older adults.
14C Describe entrepreneurial opportunities in services for older adults.
14D Determine how interests, abilities, personal priorities, and family responsibilities affect career choice.
14E Compare rewards and demands for various levels of employment in a variety of careers.
14F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

Chapter Vocabulary

entrepreneurs
entrepreneurship
entry-level positions
gerontologists
services for older adults

Services for older adults is a profession devoted to making the lives of older adults more pleasant and meaningful. Individuals working in services for older adults are helping people. Nearly one-half of all family and consumer sciences professionals are employed in the field of human services. They work with millions of people throughout the world. Because of their abilities and expertise, the work that they do benefits individuals, families, and communities.

DID YOU KNOW?

Gerontologists, individuals who study the biology, psychology, and sociology of aging, have been preparing to meet the challenge of the aging of baby boomers in the beginning of this century for a number of years. Significant in planning for the future is the creation of resources to develop and support an adequate workforce. A workforce flexible enough to address the preferences of the new entrant baby boomers yet sufficiently skilled to support, with new technology, caregiving needs of an even older generation will be needed.

National Aging Information Center

CAREER OPPORTUNITIES

Many employment opportunities are available in services for older adults. The potential for careers in the fields of aging and gerontology exist in every community. Better living conditions, better nutrition, and better health care have resulted in longer, more productive, and more enjoyable lives.

Although medical science has succeeded in extending the life span, society has not kept pace with the needs of a growing older adult population. Many people over sixty-five experience the problems often associated with aging. However, with appropriate intervention through services for older adults, developed in coordination with professionals, these problems can be lessened or alleviated. As an increasing percentage of the U.S. population is sixty-five years or older, there will be a continuing need for services for older adults.

Services for older adults offer a broad range of career opportunities including the following: assisting and enabling older adults to remain comfortable in their own homes; helping older adults remain in the best possible health with the maximum possible independence; and providing services to people in their homes to improve or maintain their abilities preventing institutionalization and reducing or relieving accompanying stress. In addition to the employment opportunities found in working with the older

CAREER OPPORTUNITIES IN SERVICES FOR OLDER ADULTS

Education:
  University Instructor
  Retirement Counselor
  Workshop Organizer
  Caregiver Support Coordinator

Health:
  Geriatric Nursing
  Home Health Aide
  Hospice Professional
  Therapists
  - Occupational
  - Physical
  - Speech
  Dietitians and Food Service Directors

Social Service
  Social Workers
  Rehabilitation Counselor
  Adult Day Care Center Caregiver
  Activities/Recreation Director
  Community Service Caregivers

Business:
  Administrators
  Personnel Managers
  Accountants

Other Services:
  Maintenance, Housekeeping and Laundry Workers
  Groundskeepers

Figure 4.1

adults in specific home situations, the opportunities in services for older adults continue to increase in specific institutional areas and in business and industry.

Figure 4.1 illustrates some of the numerous career opportunities available in services for older adults. With the aging population increasing, the number of employment opportunities will increase as well.

Entry-level Positions

Entry-level positions are employment opportunities available to persons with little experience or training in any particular occupation. An individual who is willing to work, is excited about the position, and is determined to succeed can find a number of different entry-level employment opportunities in services for older adults. These entry-level positions can be found in home-centered health services, community care facilities, and other institutional care facilities. Positions might include adult day care aide, residential care aid, companion, elder care aide, family aide, foster parent, personal/home care aide, adult care assistant, well-elder services assistant, or a home care assistant.

Individuals working in services for older adults contribute toward helping people to lead healthier, happier, and more independent lives. Entry-level positions may require all or some duties to be performed under close professional supervision.

Personal Care and Hygiene. Personal care includes all those areas generally taken for granted such as care of the teeth, gums, and mouth; grooming (combing hair, shaving, and trimming nails); bathing (in bed, tub, and shower); care and selection of clothes; toileting (getting on and off a commode, toilet, or bedpan); simple movements (from bed to chair or wheelchair); walking (with crutches, cane, walker, or gentle assistance); exercising; dressing; and preparing and serving special diets.

Domestic Skills. Domestic skills may range from special housekeeping and maintenance skills to preparing and serving of meals. Some of the tasks required might include:

- preparing and serving of meals
- dishwashing
- feeding pets
- making and changing beds
- dusting and vacuuming rooms
- cleaning the kitchen and bathroom and listing needed supplies
- shopping for supplies and doing errands
- doing laundry; checking the laundry to send out
- ironing and mending
- emptying trash
- cleaning and defrosting the refrigerator
- reading and writing for the older person
- transporting or escorting the individual
- taking messages
- recording both TPR (temperature, pulse, and respiration) and fluid intake and output when required.

Health Care. Health care includes performing routine health care tasks such as the following:

- assisting with prescribed skin care and prevention of possible body and muscle deterioration due to bed confinement (back rubs, turning bedridden person, exercises, massages)
- helping in the use of support devices; assisting with dressing changes
- observing and recording TPR
- general monitoring of the individual's conditions; reminding person to take medication
- applying heat or cold to problem areas such as aching back
- assisting with exercise and walking.

Opportunities for Advancement

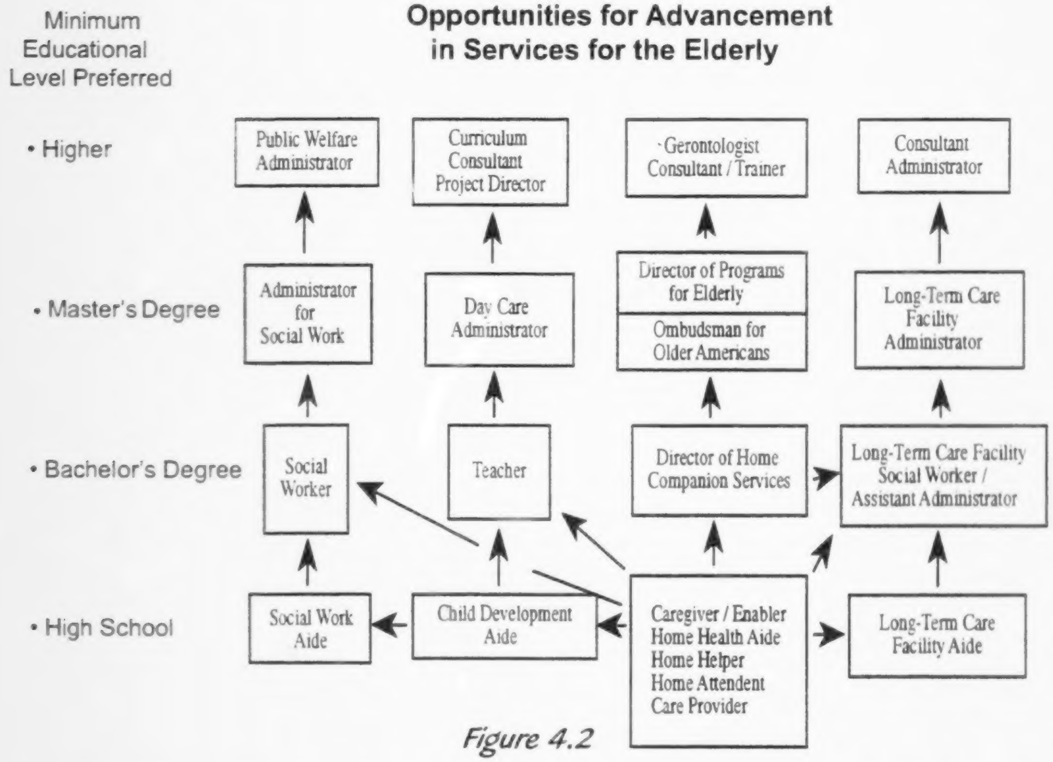
From an entry-level position, individuals can move up to higher-level careers through on-the-job experiences or through further education and/or training. Technical positions usually require some post-secondary education and/or training. These positions might include

- certified activities director
- homemaker's aide
- social services technician/aide
- community aide, adult services coordinator
- leisure services associate
- adult day care director
- elder services director
- director of home care agency
- hospice care manager
- volunteer coordinator/specialist

Professional positions usually require a college degree often with advanced degrees and training. Some examples of professional career opportunities might include:

- gerontologist
- residential care administrator
- community organization director
- recreation supervisor
- family advocate
- family counselor
- group home administrator
- special needs case administrator
- retirement center administrator
- adult education teacher
- public policy administrator
- long-term care facility administrator
- personnel consultant
- program coordinator in human services
- case manager
- social worker

Individuals involved in services for older adults and some aspect of gerontology will assume a greater role in helping the growing older adult population to maintain their quality of life. The demand for these professional


Minimum Educational Level Preferred
• Higher
• Master's Degree
• Bachelor's Degree
• High School
Public Welfare Administrator
Curriculum Consultant Project Director
Gerontologist Consultant / Trainer
Consultant Administrator
Administrator for Social Work
Day Care Administrator
Director of Programs for Elderly
Ombudsman for Older Americans
Long-Term Care Facility Administrator
Social Worker
Teacher
Director of Home Companion Services
Long-Term Care Facility Social Worker / Assistant Administrator
Social Work Aide
Child Development Aide
Caregiver / Enabler
Home Health Aide
Home Helper
Home Attendent
Care Provider
Long-Term Care Facility Aide

Opportunities for Advancement in Services for the Elderly

Figure 4.2

opportunities will expand in other areas as well such as geriatric nutrition, physical and occupational therapy, housing, medical care, long-term care, and social work. The field of services for older adults will be limited only by an individual's imagination. Figure 4.2 identifies some of the opportunities for advancement in services for older adults.

RELATED CAREER OPPORTUNITIES

Health care is the second largest industry in the United States today. The National Health Council lists more than 200 different health careers. About half of all health workers are in hospital settings. Others are working in long-term care facilities, community health departments, schools, rehabilitation centers, and doctor's offices. Nurses are in great demand, especially in metropolitan areas; however, a need exists for qualified medical personnel in smaller communities where there is an increasing shortage. As America's population ages, the nation's health-care needs will increase.

The physician's assistant (PA) program is the newest type of health care career. It attracts high school graduates who, after high school, have worked as aides or orderlies in a hospital. Courses are diverse and range in length from six weeks to two and even four years. Graduates are prepared to assist physicians.

Because of their interest and work experience in services for the older adult population, caregivers may be interested in furthering their training and education for related jobs in the health care field. Training for health care nursing jobs include the following choices:

- two-year associate degree programs
- three-year diploma programs
- four or five-year bachelor's degree programs

Advanced college degree programs are available for careers in nursing administration, education, and research.

Registered nurses (RN's) must be licensed. To qualify for a license, an applicant must pass a state board exam. Some states now require continuing education as a part of license renewal.

Many junior or community colleges offer two-year programs leading to the Associate in Science (or Arts) degree in Medical Assisting. The physician's office is the most obvious place of employment for the medical assistant; however, with the growth of specializations in the field of medicine, the requirements and demands on the medical assistant vary. The caregiver who has been working in services for older adults could continue his or her interest by working as a medical assistant for a gerontologist. The professional medical assistant is trained to handle with equal adeptness the duties and skills inherent in both the clinical and administrative aspects of the office.

Entrepreneurship

Entrepreneurship is the creation of new businesses by private individuals. These businesses, like most other businesses, provide a service or product to others for the purpose of profit. Entrepreneurship in the field of aging is the creation of new businesses by private individuals for the purpose of providing a service or product that appeals mainly to the older adult population.

Entrepreneurs are persons who own and operate their own businesses. An entrepreneur usually sells a new product or service and often possesses the following qualities:

- individualism
- initiative
- a pioneering spirit
- self-expression
- independence
- persistence
- inventiveness

Opportunities for entrepreneurship in the field of aging have expanded according to the needs of older adults and their growth in population. Products and services for the older adult population that are marketed as personal growth opportunities have proven to be much more successful than products and services advertised specifically for older age groups.

The type of business that the entrepreneur chooses to start should depend on information about older adults who have been targeted as potential customers. Information about the target group of older adults, such as their eating and spending habits, leisure time activities, and housing preferences, can be helpful to the entrepreneur. Community needs for a service or product, present competition, and the potential of establishing a referral network should also be evaluated prior to any major business ventures.

The advantages of becoming an entrepreneur are appealing and include benefits such as independence, a potential for high profits, personal growth in creative and decision making abilities, and customized work schedules. Entrepreneurs assume full responsibility for the success or failure of the business. High profits can be gained or great losses can occur, and the entrepreneur must be prepared for either of these situations. Entrepreneurs must prioritize employee salaries and business bills above their own needs regardless of the financial condition of the business.

Entrepreneurs must already have or learn to develop specific abilities in order to successfully handle the unique situations that are associated with operating a business. Abilities that are most useful include persistence, patience, technical business knowledge, and the ability to absorb setbacks.

Emerging Opportunities

What will things look like in the field of aging by 2030? Consider that it was not until 1970 that programs such as senior centers and Meals on Wheels came into being and retirement communities as well as adult care centers only began developing shortly after that. Now, in the early 2000s, numerous adult day care centers, assisted-living facilities, long-term care facilities, specialized facilities (e.g., for individuals with Alzheimer's disease), and retirement communities are thriving because of the increased older adult population. Not only are more facilities becoming specialized, different career opportunities are as well. Some examples include geriatric dietitians, planners for barrier-free homes, physical and occupational therapists who deal only with older adults, geriatric physicians, and clothing designers of fashions for older adults.

Many older adults will require more assistance due to the decline of physical abilities and sensory capacities that comes with aging. The percentage of older adults with visual and auditory disabilities as well as mobility difficulties will therefore increase. This will mean that assistance services and products to help with these and similar age related difficulties will be in higher demand. Areas of health care are already changing to include the study of aging and care of the elderly. Geriatric nursing is a rapidly growing new specialty.

Other opportunities will be a direct result of changes in older persons themselves. Medical progress in health care as well as public education on preventive health have both improved the quality of life for today's older adults. Unlike the older persons of past generations, older persons, more now than ever, are free to focus on leisure, educational, and self-improvement activities.

By the year 2030, the majority of baby boomers will be celebrating their fiftieth birthdays. More than half of these will have had a college education or at least some college. As a result, occupations in the field of aging will most likely be tied in with educational programs, personal growth opportunities, cultural enrichment, and job training. This would indicate that places such as colleges or universities, libraries, and arts related institutions will provide more opportunities than ever before for persons seeking employment in services for older adults.

Long-term care and housing will most likely remain high on the list of priorities for future opportunities in the field of aging. An occupational service for older adults that has recently gained popularity is the geriatric case manager. This is a gerontological entrepreneur who assists older persons and their families with information, referral, counseling, and the coordination of necessary services. Substantial education and experience are required. Other new, age-related fields of interest are associated with teaching nursing homes and geriatric assessment clinics.

Benefits/Rewards of Working with Older Adults

Services for older adults provide workers the opportunity to feel useful and to be needed. Individuals working in services for older adults are committed to helping others, and satisfaction comes from meeting the needs of others. For many caregivers, the feelings of contentment, joy, and peace experienced when they know their performance meets the needs of an older person takes precedence over monetary gains. Many caregivers of older persons experience personal satisfaction when they realize they are receiving more from the older person than they ever give. This is often made evident to the employee when the older person expresses appreciation for the kindness, consideration, and care exhibited by the employee.

Whether or not services for older adults are chosen as a career, it is important for all individuals to become informed about the field so that we can become better consumers, citizens, advocates, and caregivers within our own families and communities. It is clear the field provides great opportunities for significant contributions to improving the quality of life for older adults.

◆ Essential Questions: ◆

1. Where can most entry-level job opportunities be found in services for older adults?
2. In what kinds of work environments can persons employed in services for older adults be expected to work?
3. How can individuals in entry-level positions advance to higher-level job opportunities?
4. What qualities are associated with an entrepreneur?
5. What are some of the growing opportunities in the field of aging? What are the reasons for this growth?
6. What are some benefits of working in services for older adults?
7. What projections can be made about career opportunities in working with older adults?

Chapter Highlights

- ☆ Services for older adults is a profession in caring for older individuals.
- ☆ There will continue to be a need for individuals to work in services for older adults because people are living longer due to better living conditions, better nutrition, and better health care.
- ☆ Services for older adults offer a broad range of career opportunities.
- ☆ Many entry-level jobs may be found in home-centered health services and institutional care facilities.
- ☆ Individuals in entry-level positions can move up to a higher-level job through on-the-job experiences or through further education and training.
- ☆ The advantages of becoming an entrepreneur are appealing and include such benefits as independence, a potential for high profits, personal growth in creative and decision making abilities, and customized work schedules.
- ☆ Colleges, universities, and other institutions will provide more opportunities than ever before for persons seeking employment in services for older adults.
- ☆ Services for older adults provide individuals personal satisfaction to the caregiver that takes precedence over monetary gains.

Chapter 5

Necessary Qualifications of Persons Interested in Serving Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

9C Demonstrate productive work habits and attitudes.

14A Determine preparation requirements for various levels of employment in a variety of careers that provide services for older adults.

14D Determine how interests, abilities, personal priorities, and family responsibilities affect career choice.

14E Compare rewards and demands for various levels of employment in a variety of careers.

Chapter Vocabulary

administer
alignment
confidentiality
dependable
empathetic
ethics
flexible
stable
sympathetic
tactful
tolerant
work simplification

Services for older adults provide a wide array of career opportunities. The field is limited only to one's imagination. For those who are motivated and concerned about improving the quality of life for current and future generations of older people, it is an exciting and challenging field. Individuals working in services for older adults are people who care. Caring is a positive feeling about something or someone. Caring is reflected in the way the caregiver looks, speaks, performs tasks, and treats others.

EMPLOYEE CHARACTERISTICS

To ***administer*** or be of service to the needs of the older adult population, the caregiver should exhibit both good physical and mental health. The factors affecting the employee's well-being are discussed below.

Physical Capabilities

Physical Strength. The caregiver should be physically strong with a high level of physical energy. Caregivers will frequently be required to help physically support and move older persons who are not independently mobile.

DID YOU KNOW?

Whether or not services for older adults is chosen as a career, it is important for all of us to become informed about this field of study so that we can become better consumers, citizens, advocates, and caregivers to older adults within our families and communities.

Knowledge of Body Mechanics. The caregiver should understand the basic principles of body mechanics in order to effectively care for older adults. Caregivers skilled in good body mechanics can help the older adults by showing them ways to walk, sit, and turn in bed. Information about body mechanics can be found in Chapter 28.

Being Free From Contagious Diseases. The caregiver must be free from any contagious diseases. Infants and older persons are especially susceptible to contracting contagious diseases, and catching a simple cold can develop into life-threatening circumstances.

Good Posture. It is important to maintain correct posture in walking, standing, and sitting to allow body organs to function properly, to stimulate circulation, to correct bone ***alignment*** (arrangement in a straight line), and to promote better respiration. An individual working with the older adult needs to be free of minor aches and pains, which can be eliminated by good posture.

Adequate Sleep and Rest. Adequate sleep and rest are necessary for the caregiver to be alert on the job. The average person requires seven to eight hours of sleep nightly; however, the amount required may vary from person to person.

Proper Nutrition. A well-balanced diet that includes six to eight glasses of water daily is extremely important for the caregiver to remain healthy. A poor diet may result in irritability, nervousness, tiredness, and susceptibility to illness. It is important, too, for the caregiver to have a good meal before beginning a work shift. When caregivers omit meals, their energy level, mental attitude, and performance may be directly affected.

Regular Exercise. The caregiver needs to participate in regular exercise because exercise relieves daily tensions and stimulates a healthy mental attitude.

Good Personal Hygiene. The caregiver should be clean and neatly dressed. Older people often feel that the caregiver who exhibits good personal care will take good care of them. In fact, how well an older person likes and receives a caregiver may be determined by the appearance and grooming of the caregiver.

Attitudes

Individuals working in services for older adults like and understand people and want to help others. It is easy to take on the problems of older persons needing assistance. It is important that caregivers keep their work and personal lives separate. For older persons to be helped, they must be comfortable and relaxed with the caregiver. Individuals working in services for older adults should have a positive outlook on life and should continually work on developing and maintaining their own emotional stability by being cheerful, honest, sympathetic, and considerate of others. Certain attitudes, including the following, help the caregiver give the older person a sense of security and confidence. The following characteristics and personal attitudes will contribute to the success of caregivers in services for older adults:

- **Dependable**–A person who is ***dependable*** displays the ability to do required tasks well without direction.
- **Responsible**–A person who is responsible displays the ability to accept one's obligations, answer for one's conduct and actions, and deserve the trust or confidence of others.
- **Patient**–A person who is patient displays the ability to bear provocation, annoyance, misfortune, what is disagreeable or what requires effort without complaint, loss of temper, or irritation.
- **Tolerant**–A person who is ***tolerant*** displays the ability to have a fair and objective attitude toward those whose opinions, practices, race, religion, or nationality differ from one's own.
- **Kind**–A person who is kind displays the ability to give respect and special regard to others.
- **Courteous**–A person who is courteous displays the ability to be polite and considerate and to cooperate with others.
- **Friendly**–A person who is friendly displays the ability to show a warm and outgoing attitude toward others.
- **Empathetic**–A person who is ***empathetic*** displays the ability to be aware of and understand another's feelings.
- **Sympathetic**–A person who is ***sympathetic*** displays the ability to share the feelings of another, especially in sorrow or trouble.
- **Flexible**–A person who is ***flexible*** displays the ability to adjust to meet new needs or a changing situation.
- **Tactful**–A person who is ***tactful*** displays the ability to do and say the right thing at the right time.
- **Stable**–A person who is ***stable*** displays the ability to withstand pressure and remain calm in crises.
- **Motivated**–A person who is motivated displays the ability to be a self-starter and does not wait to be told by others when, where, how, and what to do.
- **Accurate**–A person who is accurate displays the ability to be careful and meticulous and consistently avoids mistakes.
- **Alert**–A person who is alert displays the ability to grasp instructions and meet changing conditions.

Ethics

The term ***ethics*** refers to a system of moral principles. This means principles of behavior with respect to the what is right and wrong of certain actions. The following ethical traits are important for job success when working in services for older adults:

- **Loyalty**–Faithfulness to commitments or obligations
- **Honesty**–Fairness, truthfulness, sincerity, and integrity
- **Objectivity**–Forming opinions and making decisions based on fair comparisons
- **Respect**–Demonstrates admiration and approval together with deference to others
- **Confidentiality**–Confidences, secrets, and intimacies of others are not divulged by caregivers who practice ***confidentiality***. Personal information, such as illness details, should not be discussed with anyone except a supervisor.

Qualities

Individuals working in services for older adults will find the following qualities helpful in working with the older person:

- **Sense of humor**–A person with an appropriate sense of humor finds something funny in an embarrassing or unpleasant situation and changes a disastrous experience into a pleasant or even an amusing event.
- **Self-confidence**–A person with self-confidence exhibits a sense of one's own self-worth that wins the confidences of others.
- **Genuine interest in people**–A person with a genuine interest in people demonstrates care, concern, and understanding to all kinds of people from all kinds of backgrounds.
- **Sensitivity to aging**–A person who is

sensitive to aging understands the aging process and treats each older person as an individual. A positive accepting attitude about older adults enables caregivers to offer genuine concern and empathetic support.

- **Good communication skills**–A person with good communication skills expresses ideas clearly, responds to others' attempts to communicate, and has good interpersonal relationships with older adults, visitors, and coworkers.

In addition to the attitudes, ethics, and qualities discussed, which are needed by all employees, the caregiver for the older adult must follow an ethical code of conduct at all times. An ethical caregiver gives the same quality of care to all older persons regardless of their economic status, race, or religion. Every older person should be treated with equal kindness, courtesy, and respect.

Good Working Habits

Working in services for older adults deserves the caregiver's undivided attention and best effort. Along with a genuine interest and a positive attitude, the caregiver for older adults should possess good work habits. The following guidelines will help the caregiver develop good work habits important for a high quality performance.

Punctuality and Dependability. Caregivers should be on time to work. Whether they are working in a private home or in a older adult care facility, others depend on caregivers every day they are scheduled to work. The duties which must be performed during the day determine employees' work schedules. In the event of an emergency, such as illness or death in the immediate family, the employer should be notified at once to adjustments made in the schedule. Being late or absent disturbs the operation of the home or institution and frustrates other individuals.

Good Use of Work Time. Caregivers for older adults should avoid the misuse of time when they are scheduled to work. Personal phone calls are a misuse of work time and should be kept to a minimum. Loafing, idleness, gossip, visiting, and disorderly conduct represent wastes of time. This misuse of time also interferes with others who are trying to do their work.

Use of Proper Language. Individuals working in services for older adults should pay attention to their language and use the best grammar they can. Caregivers should learn to use clinical terms and work to improve their grammar if necessary. Cursing and crude gestures are inappropriate on any job.

Respect of Confidential Information. Individuals working in services for older adults should respect and hold in confidence all information concerning the situation, condition, or treatment of an older person. In communities where everybody knows everybody, confidential information must be respected.

Good Grooming and Sanitary Habits. The caregiver should keep in mind that the most important single factor in establishing a personal grooming routine is cleanliness. A daily shower or bath is essential, and deodorant or antiperspirant should be used daily. Nails must be kept clean and neatly trimmed. Wedding bands can be worn, but other jewelry should not be worn because it may get in the way or may injure an older person. While on duty only clear nail polish (if any) should be worn.

A clean mouth and teeth are important in preventing bad breath; therefore, the caregiver should brush and floss his or her teeth daily.

Hair must also be kept clean. It should be neatly arranged, and in a style that requires little attention. Hair styles should conform to any health regulations of the state or health care facility.

Facial hair should be kept clean and trimmed. Females should apply cosmetics sparingly. The caregiver should avoid the use of perfume or shaving lotion when working.

The clothes or uniform of the caregiver should be clean, comfortable, well fitting, and in good repair. Shoes should be clean, comfortable, and fit well. Frequent polishing will keep white shoes white. Shoestrings must be washed often to keep them clean. Hosiery must be clean and free of snags or runs.

When working in services for older adults, caregivers should wash their hands thoroughly with soap before and after all care procedures to protect the older person, as well as themselves and others, from infection. The purpose of hand washing is to remove as many germs as possible. Recent research studies indicate the use of bar soap may be a means by which bacteria is transmitted. Liquid soap or dry powders are suggested for use. Likewise, disposable paper towels are recommended.

Time Management

The caregiver should take a few minutes at the beginning of the day or shift to plan and organize the day's work. Although the daily routine may vary, certain tasks must be accomplished. Implementing work simplification into the plan for organizing work will help the caregiver accomplish routine work efficiently. ***Work simplification*** means the simplest, easiest, and quickest method of doing work. Wasted effort can be avoided when the caregiver becomes motion conscious, learns to use simple rules, and understands the rewards of work simplification. The following are some general rules on time management:

- Eliminate unnecessary steps.
- Select the correct tools and supplies for the job.
- Maintain good posture.
- Concentrate on the task.
- Clean up as a task is completed.
- Return tools and supplies to their proper place.
- Make use of return trips.
- Store frequently used items where they can be easily reached.

Work Simplification

The principles of work simplification can be summarized in four words: eliminate, combine, rearrange, and simplify. The task can be made easier by applying the following rules:

- Have a clear idea of what is to be done.
- Know how the task should be done.
- Be aware of what is involved in each step.
- Know what tools, equipment, and supplies are needed for the task.

Organization can save time and energy. Knowing what needs to be done, when it should be done, and what tools, equipment, and supplies are needed aids in work simplification.

◆ Essential Questions: ◆ Employee Characteristics

1. What are six physical capabilities that are helpful in working with older adults?
2. Why is attitude an important quality of caregivers?
3. Why are ethics important in working with older adults?
4. How important are effective communication skills when employed in services for older adults?
5. How does a sense of humor contribute to success when working with older adults?
6. What are give good work habits that caregivers should exhibit?
7. What is time management and how does it relate to the caregiver's job?
8. What is the importance of work simplification?
9. Explain the principles of work simplification.

Chapter Highlights

- Factors affecting the physical capabilities needed by a caregiver include physical strength, knowledge of body mechanics, freedom from contagious diseases, good posture, adequate sleep and rest, proper nutrition, regular exercise, and good personal hygiene.
- Desirable attitudes that help the caregiver provide the older person with a sense of security and confidence include dependability, responsibility, patience, tolerance, kindness, courtesy, friendliness, empathy, sympathy, flexibility, tactfulness, stability, motivation, accuracy, and alertness.
- Ethics important for job success when working in services for older adults include loyalty, honesty, objectivity, respect, and confidentiality.
- Qualities helpful in working with older adults include good communication skills, sense of humor, self-confidence, a genuine interest in people, and sensitivity to aging.
- Caregivers should be on time to work whether working in a private home or in an older adult care facility.
- The caregiver is responsible for knowing the rules governing smoking, coffee breaks, and mealtimes.
- Personal neatness and absolute cleanliness are especially important for the caregiver working in services for older adults.
- Caregivers should avoid the misuse of time when they are scheduled to work.
- The caregiver should never use abusive language and should work to improve grammar if necessary.
- Confidential information must be kept confidential.
- Caregivers should follow the correct procedure for washing hands before and after all care procedures in order to protect the older person, as well as themselves and others from infection.
- Work simplification means the simplest, easiest, and quickest method of doing work.
- The principles of work simplification are eliminate, combine, rearrange, and simplify.

Chapter 6

The Role of the Caregiver

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

5A Describe characteristics typical of the aging process.

5C Determine caregiver strategies appropriate to accommodate physical limitations of older adults.

8A Assess the impact of culture on the role of older adults.

9A Describe types and multiple responsibilities of caregivers.

9D Exhibit communication skills needed in all levels of care.

9E Practice effective stress management strategies when providing services for older adults.

9F Determine resources for caregivers and older adults.

Chapter Vocabulary

- active listening
- body language
- burnout
- caregiver
- caregiving
- communication
- developmental task
- feedback
- formal caregiver
- geriatric care manager
- informal caregiver
- kinesics
- mixed message
- reminiscing
- response styles
- sandwich generation
- stress-related crisis
- triggers

DID YOU KNOW?

Services for older adults provide a wide array of career opportunities. The field is limited only by one's imagination. For those who are motivated and concerned about improving the quality of life for current and future generations of older people, it is an exciting and challenging field.

Caregiving (act of giving care) to older adults can be a very rewarding as well as challenging experience that carries with it many unique responsibilities. The diversity of tasks and the level of personal commitment required by caregivers in services for older adults may become overwhelming at times. When the older person happens to be a family member of the caregiver, this can be especially true. Persons caring for older family members will naturally have a deeper sense of commitment and sensitivity toward family members in their care. Individuals caring for aging family members are especially prone to overworking themselves and neglecting personal needs and those of other family members for the sake of attending to the well-being of the family member in need.

Developmental Tasks of Later Maturity

- maintaining good health
- having adequate income
- adapting to changes in job status
- keeping own home
- preserving social standing and reputation
- acquiring meaningful relationships
- discovering enriching and gratifying pastime activities
- settling into new roles
- accepting past and present life without regret

Figure 6.1

Caregivers employed in services for older adults also have unique responsibilities and opportunities. They must also work cooperatively with the family and friends of the older adult so that quality care can be provided.

DEVELOPMENTAL TASKS OF OLDER ADULTS

People learn certain tasks best and most easily at particular points in their development. These tasks are called ***developmental tasks***. Successful achievement of developmental tasks fosters successful achievement of future tasks and leads toward lifetime happiness. Persons who do not complete developmental tasks satisfactorily may end up disillusioned and dissatisfied with life. They will also encounter difficulties accomplishing future developmental tasks.

Developmental tasks of adulthood are divided into three age groups: early (twenties and thirties), middle (forty-sixty), and late (sixty and over) adulthood. Figure 6.1 lists the main developmental tasks that occur in late adulthood. These are also known as developmental tasks of later maturity.

Most older persons are fearful of losing their capacity for independence as natural age-related changes begin to occur. Maintaining good health is very important to older adults and helps contribute to their feelings of fulfillment. Being financially independent and secure also contributes to overall life satisfaction for older individuals. An older person who has successfully completed the developmental tasks of later maturity might be described as follows:

> Vernon is an older person in good health who resides in his own home and will most likely remain financially secure for the remainder of his life. He has found pleasurable and stimulating things to do with his free time since retirement and has been able to expand his social contacts and personal friendships. He is respected by peers and enjoys being a grandfather. When reflecting upon significant times in his life, Vernon recalls events that elicit good memories. He is satisfied with his present life situation and continues to look forward to the future.

As older persons like Vernon achieve each developmental task of later maturity they will move forward toward developing a real sense of life satisfaction. For each developmental task that is not met, satisfaction with life will most likely decrease. Being aware of these developmental tasks can help caregivers better understand the situations that contribute positively toward the overall happiness of older persons in their care. Once caregivers are aware of the developmental tasks of this age group, they are better equipped to offer encouragement and support to help older persons achieve these tasks. This in turn will contribute to the overall well-being of older adults. Improving the well-being of a care recipient can ultimately lead to a rewarding caregiving experience for the caregiver.

◆ Essential Questions: ◆ Developmental Tasks of Older Adults

1. Why is it important to understand the developmental tasks for late adulthood?
2. What are five developmental tasks of later maturity?

CAREGIVING IN THE UNITED STATES

The term ***caregiver*** refers to anyone who provides assistance to someone else who needs it. Caregivers are generally classified into two categories: informal caregivers and formal caregivers.

Informal Caregivers

An ***informal caregiver*** is a term used to refer to unpaid individuals such as family members and friends who provide care. These persons can be primary or secondary caregivers, full-time or part time, and can live with the person being cared for or live separately. For example, the caregiver may be the husband whose wife has suffered a stroke, a wife whose husband has Parkinson's disease, a friend whose neighbor has Alzheimer's disease, or a young woman whose grandparent has a broken hip. More than seven million spouses, adult children, other relatives, and friends or neighbors provide unpaid help to disabled older adults living in the community.

Nearly seven million Americans are long distance caregivers for older relatives. That is, there is a travel distance of one hour or more between the caregiver and older adult needing assistance. The average travel time for these caregivers to reach their relatives is estimated to be four hours.

According to a recent survey by the National Alliance for Caregiving (NAC), one in four U.S. households contains at least one caregiver. Each week, the caregiver spends from four to 40 or more hours caring for an older family member. Whether caregiving involves picking up a prescription, helping with housework, or sharing meals, the hours can add up.

In addition to caring for children, females primarily are responsible for the care of the frail older adults. They represent over three-fourths of all caregivers. Adult daughters comprise approximately 33 percent of all

AN IMPORTANT NOTE

Students enrolled in Services for Older Adults are receiving training at a school-based pre-employment laboratory or through some type of work-based delivery arrangement (e.g., cooperative education, internships, mentoring). In these settings, students are serving as formal caregivers to older adults.

Much of this chapter relates to informal or family caregivers. This information is important to the student enrolled in Services for Older Adults because:

- In the process of providing services to older adults, students are likely to interact often with family caregivers. Understanding some of their pressures and concerns will help students better relate to family caregivers.
- Many features of caregiving roles are similar for both formal and informal caregivers. Strategies for reducing stress and preventing burnout are also similar.
- Many students are likely, at some point in their lives, also to assume the role of an informal or family caregiver. Understanding the role of the informal caregiver will then be of direct personal benefit to those students.

caregivers, and wives of frail elders constitute 25 percent of this population. A little more than 50 percent of adult daughters who care for a frail parent are employed; 25 percent indicate that they now work fewer hours because of this responsibility; and 28 percent say that they took time off from work without pay to respond to this need. Fifteen percent reported that they quit their job to provide care for an older dependent adult. Of these caregivers, 28 per cent reported the presence of children under the age of 18 in the household.

Formal Caregivers

A ***formal caregiver*** is a term used to refer to volunteers or paid care providers associated with a service system. Over seventy percent of long-term care is provided by formal caregivers in some type of service system.

Eighty-five percent of all home care is provided by informal caregivers. The other fifteen percent is provided by formal caregivers.

Being a formal caregiver may involve different degrees and variations of responsibilities such as:

- supervising the older adult
- supervising other assigned caregivers
- helping with grooming and bathing needs
- grocery shopping
- providing nutritious meals
- providing clothing care
- overseeing financial and legal matters
- providing opportunities for social growth
- providing emotional support
- providing transportation when needed
- arranging for health care

◆ ***Essential Questions:*** ◆
Caregiving in the United States

1. How does an informal caregiver differ from an informal caregiver?
2. What are the statistics for caregiving in the United States?

THE SANDWICH GENERATION

According to experts, the average American woman will spend seventeen years raising children and eighteen years helping aging family members. As the population continues to age, more and more families will be caring for older relatives. Because of delayed childbirth, more couples are finding themselves sandwiched between their children's and older adults' needs.

There is a growing trend for couples to start having children later in life for such reasons as establishment of careers and attainment of financial security. By the time these couples do start rearing their families, they may also find themselves increasingly concerned with the care needs of their aging parents. Also, an increasing concern for aging parents may begin at the time of an unexpected injury or illness.

Many children and older adults need continuous care. This need has created what has been termed the ***sandwich generation***, which refers to people who are dually responsible for the care of young children and older family members and friends.

The profile of a typical sandwich generation member is:

- Female
- 45 years of age
- Married
- Raising a family of her own
- Has either a part-time or full-time job

Over one-third of sandwich generation members often spend less time with their own spouses and children and feel guilty and overwhelmed much of the time. The caregivers report feeling exhausted, are ill more frequently than non-caregiver families, and complain about having no time alone or for their spouse.

As caregivers of both their own children and their aging parents, relatives, or friends, persons living in the sandwich generation have special needs of their own. These needs if neglected over long periods of time can be unhealthy to caregivers and can eventually affect in a negative way those in their care. Sandwich caregivers must learn how to balance the demands on both their time and energy to avoid feeling overwhelmed.

Persons living in the sandwich generation are required to juggle a variety of services for a variety of age groups. Learning to adjust to expanding responsibilities and additional roles can be a complex task for caregivers. However, professional counseling, support groups, or individual psychotherapy are available sources of support accessible to caregivers. Intergenerational programs can provide a practical solution for families involved in the care of older adults and/or children. See Chapter 2 for more information on intergenerational programs.

Persons in the sandwich generation who are employed are further challenged by the responsibilities of their outside careers or occupations. As a greater awareness continues to grow concerning responsibilities of the sandwich generation, more corporations are working toward addressing the concerns of their employees who are faced with these sandwich generation responsibilities. Some corporations have already started up care projects for both dependent older adults and dependent children whose primary caregivers are employed with their corporations. From initiating to enhancing elder care centers to making intergenerational care available, corporations are taking the lead in developing solutions for the present and ever growing future needs of their sandwich generation employees. Businesses will eventually be expected to develop a sensitivity for the concerns exhibited by their sandwich generation employees.

While parents in the sandwich generation are responsible for helping their children with homework, organizing their daughter's class party, and cheering at their son's baseball game, they may also be responsible for interviewing persons to sit with and care for an older relative recuperating from surgery, transporting an older friend to the doctor's office, or making sure that the older person takes prescribed medications at proper times

Essential Questions:
The Sandwich Generation

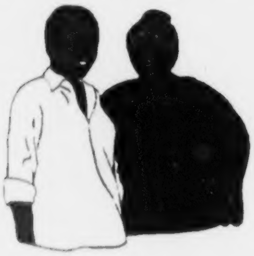
1. How would you define the sandwich generation?
2. How would you describe the typical caregiver caught in the sandwich generation?
3. What are some typical responsibilities of the caregiver?

ROLE OF THE OLDER ADULT IN VARIOUS CULTURES

When working in services for older adults, the caregiver should be aware of the influences various cultures have upon the older adult population. In recent years, the older population has been growing faster among ethnic minorities than among whites. It is important for caregivers working with older adults to be able to:

- effectively communicate
- understand their interests and activities
- understand their expectations
- relate to the families and their needs
- make the families and older adults aware of the services available to them.

Older adults bring wisdom and experience to all cultures; however, contributions made by older adults to society vary in different cultures. In many cultures, older adults are held in high regard and are shown great respect.



Having insight into the roles of older adults, their status, and their contributions to society will aid the caregiver in understanding the older person in his or her care.

Essential Questions:
Role of the Older Adult in Various Cultures

1. What are some strategies for caregivers in understanding the role of older adults in different cultures?
2. Why is it important for caregivers to see the older adult as a person with experiences who also happens to be older and not just as an older adult person?

MAINTAINING BALANCE TO AVOID OVERLOAD AND BURNOUT

Caregivers can develop stress-related feelings resulting from the role of caregiver just as older persons can develop stress-related feelings resulting from the role of care recipient. These feelings such as anger, isolation, fear, resentment, and guilt may produce excess stress in that person's life.

There will be times when an older person will require more attention and care than a caregiver is capable of physically or emotionally providing. Caregivers in such situations will eventually experience stress. Stress is any emotional or physical strain. If stress is left unresolved over a period of time, it can produce the following behavior in caregivers:

- depression
- problems in relationships
- substance abuse
- emotional or physical depletion
- neglect or abuse of the person being cared for

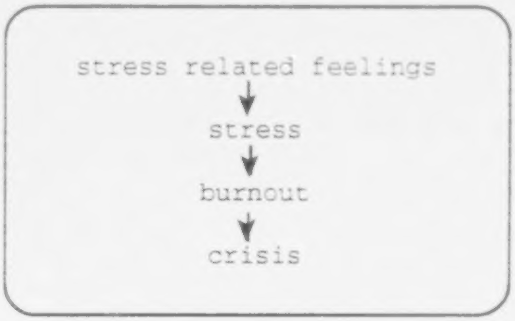
Not all stress is bad. In fact, sometimes stress is the very thing that motivates and inspires people into action. However, once caregivers begin to exhibit the stress-related behaviors already mentioned, they are well on the road to or possibly even experiencing what is known as burnout. ***Burnout*** occurs as a result of excessive, prolonged stress or continual feelings of inadequacy pertaining to the completion of expected tasks.

Caregivers must be able to develop effective strategies to cope with their own individual, physical, and emotional limitations while caring for older persons. The five basic strategies that have been established by mental health professionals for dealing with the negative effects of stress include the following:

- Establish realistic expectations.
- Be aware of personal limits.
- Request and accept assistance.
- Attend to personal needs.
- Include professionals, community resources, and family members.

A ***stress-related crisis*** occurs when the pressure or stress is so great that the caregiver becomes essentially immobilized and develops patterns of insomnia, loss of appetite, and difficulties with daily personal care tasks. In order to prevent a stress-related crisis from occurring one of two things can be done: either decrease the caregiver's pressures (stress factors) or increase the caregiver's support system. Ways to decrease pressure include allowing time for fun and play, increasing physical activity, and taking time off. Ways to increase support include delegating responsibilities, making use of professional services, sharing concerns with friends, and seeking out assistance and direction from clergy or social services. Caregivers can also obtain needed support through family, specialists, and various community resources.

In summary, the development of a stress-related crisis situation for persons in caregiving roles will generally begin with feelings of stress, such as resentment, frustration, and anger. If these feelings are allowed to continue, the person will develop continual feelings of stress that will affect family life, quality of work, and personal life. The consequences of experiencing stress for extended periods of time without relief will cause burnout which eventually can bring about a crisis situation.



◆ **Essential Questions:** ◆
Maintaining Balance to Avoid Overload and Burnout

1. Why is it important for caregivers to develop effective strategies to cope with their own individual, physical, and emotional limitations when caring for an older person?
2. What are some basic strategies for dealing with negative effects of stress?

COMMUNICATION TECHNIQUES

Communication is the process by which ideas, feelings, and information are shared. The skills used to communicate with others are listening, speaking, and writing.

The ability for caregivers to communicate effectively with the older person in their care contributes to the well-being, security, and positive self-image of that older person. Older adults who suddenly must depend on others for one reason or another often times feel as though they are being a burden to the person who is the caregiver.

Feelings of inadequacy and lowered self-image may develop; therefore, it is important that caregivers communicate positive messages to those in their care. The care recipient should be assured of the type, amount, and dependability of care they will receive. It is also important that caregivers express their personal desire to provide that care. Communicating these matters to care recipients will help ease the negative guilt feelings that often grow during times when it is necessary to depend on someone else, even if that person is a dear friend or family member.

Effective listening skills on the part of the caregiver can work toward establishing a foundation of respect between the caregiver and the older person. Listening skills can be improved with practice. Some helpful suggestions to improve listening skills include the following:

- Concentrate on what is being said.
- Ignore distractions.
- Establish eye contact with the speaker.
- Do not interrupt the speaker.
- Ask the speaker for additional detail if needed.
- Listen to the entire message rather than selected parts.
- Keep an open mind to new ideas.
- Try to notice feelings that the speaker has while speaking such as happiness, sadness, or anger.

Effective verbal communication is necessary for caregivers to be clearly understood. Verbal communication skills include the following:

- using correct grammar, avoiding slang
- organizing information in proper sequence
- speaking to and looking at the listener
- speaking clearly, distinctly, and slowly
- speaking politely with a friendly voice
- avoiding monopolizing conversations

Older persons with hearing disabilities will most likely have difficulty understanding the caregiver who is speaking to them. Caregivers can help the hearing disabled by adhering to the following guidelines:

- Before speaking, get the person's attention.
- Allow face to be visible to the person.
- Position self at eye level to the person.
- Use facial expressions and natural gestures.
- Do not cover mouth or turn face.
- Speak clearly and in a normal tone.
- Speak at a moderate speed.
- Speak in short sentences.
- Rephrase sentences that are not understood.
- Write or spell key words.
- Do not talk around background noise.

Caregivers in services for older adults are responsible for communicating a variety of important information to the older adult population. Some of this information can affect the physical well-being of an older person such as explaining instructions on how to protect a fractured hip from additional injury or how to get help when needed. Caregivers should be certain that the person fully understands what was communicated.

Ask questions of the listener to see if the listener understood what was said. Asking questions of the listener is one way of obtaining ***feedback***. Feedback is the response that a person gets to a message that was sent. Obtaining feedback from the listener enables the speaker to find out if the message was understood and gives the speaker an opportunity to clarify any misunderstood messages.

We all have different ways of responding to others at different times. ***Response styles*** identify the specific ways that people communicate with each other. The following are examples of different response styles:

- ignoring
- reflecting-clarifying
- threatening
- agreeing-supporting
- ridiculing
- sharing own experience

- giving advice
- disagreeing-denying
- giving information
- changing the topic
- questioning
- moralizing-lecturing
- labeling-stereotyping
- using I statement

A supportive response style is important for caregivers to communicate to the older person in their care. Ridiculing, ignoring, labeling, moralizing, changing the topic, and threatening are inappropriate response styles and should be avoided by caregivers. Certain response styles are appropriate only under certain circumstances.

Body Language

Body language is the sending of both positive and negative messages by gestures, facial expressions, and posture. One example of body language is a hand wave. Without speaking, the message of friendly recognition is conveyed.

The distance that persons stand from each other can indicate whether their contact is of an intimate nature, personal nature, social nature, or public nature. Most caregivers have a personal relationship with those they are caring for.

A person's body language usually reveals the feelings behind words that are spoken. The scientific word for the study of body language is ***kinesics***. The purpose of kinesics is to analyze the behavior of persons by observing their body motions. Many people are not aware of their own body language. The following are a few examples of body language:

- folded arms–defensive
- raised eyebrows–doubt
- slumped shoulders–fatigue
- eye-to-eye contact–desire to communicate
- facial expressions–disbelief, sadness, embarrassment, surprise

To communicate effectively, the body language of a person should agree with the words that a person is saying. When body language does not match what is being said, the speaker is sending a ***mixed message***. Older persons who sit slumped in chairs wearing sad expressions on their faces and saying that they are excited about going shopping are sending caregivers a mixed message. The caregiver who does not look the older person in the eye while expressing a desire to have a conversation will not be believed and is also sending a mixed message.

Active Listening

Active listening is trying to understand what the other person is saying and why. Active listening looks beyond what the person is saying and tries to identify the feelings that accompany the words that are being spoken. Caregivers should practice active listening in their everyday communications with older persons. Active listening involves the following:

- Accept what the person is saying or feeling.
- Try to identify feelings underneath the person's words.
- Restate or put into your own words what the person said to check if your point of view about the situation agrees with theirs.
- Ask the person to give you their own clarification of the situation.

Active listening can enrich the relationships between caregivers and older persons and thus reduce caregiver stress. Some benefits from active listening include the following:

- The older person feels cared for.
- Negative feelings of the older person can change to positive feelings while conversing with an active listener.
- Misunderstandings are clarified.
- Self-understanding is promoted.

Reminiscing. Older persons should be encouraged by caregivers to talk about remembered life experiences or events. Talking about the past is called ***reminiscing***. It was once thought unhealthy for older persons to spend time reminiscing. However, recently, reminiscing has gained recognition as an important part of the aging process.

Active listening by caregivers provides older adults the opportunity to reminisce. Helping older persons to reminisce can remind them of their personal resources for dealing with choices, problems, and losses. This in turn can bring on a renewed sense of confidence in themselves and their capabilities for handling present and future situations. If the older person happens to be a parent or relative of the caregiver, the knowledge that is extracted from the reminiscing session can prove to be of great value to the historical background of the family.

Encouraging groups to reminisce together can help older adults find out interesting things about each other, build self-esteem, fight isolation, and promote social interaction. Occasionally the caregiver might observe that reminiscing stimulates negative memories in certain persons. Caregivers should not encourage reminiscing for these individuals and should promptly report unhappy behaviors such as withdrawal or depressive reactions to the person in charge or an appropriate professional.

Triggers are specific items, words, smells, or sounds that serve to jog a person's memory. Triggers can be used by caregivers to help the older person reminisce. Below are examples of types of triggers:

- item trigger–photograph or an old book
- word trigger–the mention of a specific family holiday, historical event, or time that they have lived through
- smell trigger–new doll or a fresh flower
- sound trigger–old song or a dog barking

Taking time to actively listen to older adults will communicate the message that who they are and what they have accomplished is indeed important. Active listening is a skill that caregivers should develop in order to help those they are caring for to feel secure in the knowledge that they are truly valued, respected, and accepted.

◆ **Essential Questions:** ◆
Communication Techniques

1. Why is important for caregivers to effectively communicate with the person who is in their care?
2. What are some active listening skills for the caregiver? How does the use of these skills benefit the older adult?
3. Why is it important for older adults to reminisce?

RESOURCES FOR INFORMAL CAREGIVERS

Caregiving is a difficult job and it can take its toll. For millions of Americans who find themselves in the role of informal caregiver to an older relative or friend, it sometimes feels as though there are more questions than answers. Many communities offer caregiver support groups where people can get emotional support, share information, and feel connected to others who are giving care. Support groups are organized through local chapters of such organizations as the Alzheimer's Association. The local aging office can direct the caregiver to a support group that can help. Communicating with other caregivers can give the caregiver helpful tips and strategies, relieving that overwhelming sense of isolation that many caregivers face on a daily basis. Figures 6.2 and 6.3 offer some helpful guidelines for informal caregivers. Many of these tips are also helpful to formal caregivers.

Every state has a State Unit on Aging to support older people in maintaining the highest possible standard of living. In addition, more than 650 area agencies on aging throughout the United States help older people and their caregivers by planning, developing, and providing in-home and community services. The area agency nearest the caregiver can offer information and referral services, liking them to the service provider in the community or a nearby community that can help.

Caring for older adults takes not only time but also requires support from family members, clergy, professionals, community resources, and friends. Community resources can also be very helpful such as caregiver support groups and elder care programs. Caregivers should not wait for a crisis to occur before establishing a support system that can lighten the load of their caregiving responsibilities.

Many community institutions or agencies sponsor caregiver support groups. American Association of Retired Persons (AARP) provides an on-line support group as well as other groups such as SeniorNet, Alzheimer's Association, National Family Caregivers Association, and the National Alliance for Caregiving. Support systems that are established early on can help prevent stress-related feelings from arising in the first place. Most caregivers experience stress, isolation, frustration, guilt, exhaustion, and resentment at times. Caregiver support groups provide a place to share emotions and experiences, seek and give advice, and exchange practical information with others.

Respite Care

Respite care provides time off for family members. Respite programs might be on a regular basis such as adult day centers or for longer periods of time. Home health agencies can arrange care in the home. Nursing homes and other facilities often accept a short-term resident when a caregiver needs respite.

Adult Day Centers

Day centers for older adults may include comprehensive services ranging from health assessment and care to social programs for older persons who need supervision in a group setting. Services can also include nutritious meals, health assessment, recreational activities, nursing, and various therapies. Transportation is sometimes provided. Adult day center programs usually operate five days a week, during business hours. The primary benefit is to the older adult, but is also gives caregivers a break from their responsibilities.

Additional Resources for Caregivers

Resources can be helpful to caregivers in many ways. Some services allow time away from caregiving responsibilities, others provide emotional support for caregivers, others provide information about caring for specific or special needs, and still others can assist with everyday caregiving responsibilities. The following are possible resources for caregivers:

General Information.

- Administration on Aging
- Area Agency on Aging
- Department of Health and Human Services
- The Eldercare Locator
- Library

Food Services.

- Congregate Dining Sites
- Meals on Wheels
- Grocery stores that deliver to homes

Ten Tips for Family Caregivers

1. Choose to take charge of your life, and don't let your loved one's illness or disability always take center stage.
2. Remember to be good to yourself. Love, honor, and value yourself. You're doing a very hard job and you deserve some quality time, just for you.
3. Watch out for signs of depression, and don't delay in getting professional help when you need it.
4. When people offer to help, accept the offer and suggest specific things that they can do.
5. Educate yourself and your loved one's condition. Information is empowering.
6. There's a difference between caring and doing. Be open to technologies and ideas that promote your loved one's independence.
7. Trust your instincts. Most of the time they will lead you in the right direction.
8. Grieve for your losses, and then allow yourself to dream new dreams.
9. Stand up for your rights as a caregiver and a citizen.
10. Seek support from other caregivers. There is great strength in knowing you are not alone.

Source: National Family Caregivers Association

Figure 6.2

Transportation Services.
- Minibus Service
- Local transit's special services

Medical Services.
- American Red Cross
- American Heart Association
- National Association For Home Care
- Drugstores with special services
- Personal Emergency Response System

Household Services.
- Hair Dressers/Barbers
- Homemaker Service
- Errand Service

Support Services.
- Telephone Reassurance Program
- Respite Care
- Support Groups
- Church and Synagogue
- Companion Services
- Counseling Services

Recreation Services.
- YMCA/YWCA
- Community Recreation Center
- Senior Citizen Center

◆ Essential Questions: ◆
Resources for Informal Caregivers

1. What kinds of community resources can provide support for caregivers?
2. Why are support groups beneficial to both the caregiver and the person being care for?

Tips for Informal Caregivers: A Questionnaire

Providing care for an older or disabled adult requires a lot of patience, time, and love. All too often, caregivers run the risk of neglecting themselves, affecting their ability to provide adequate services.

The following questionnaire can be used as a guideline for caregivers. If you answer "yes" to one or more of the following questions, you might consider seeking professional help or turning to whatever support system you have developed:

- Are you getting enough rest?
- Are you neglecting your own health?
- Is constant surveillance required as part of your care tasks?
- Have you turned to drugs or alcohol or increased their intake to deal with stress?
- Have your feelings toward the older person become more negative?
- Is the older person physically or verbally abusive toward you?
- Does the older person need legal assistance with things like estates, trusts, or living wills, which may be beyond your knowledge?
- Does the older person need to be transported often?
- Are you overwhelmed because you are taking care of more than one person at a time?
- Are financial constraints interfering with your ability to follow medical advice?
- Are problems from your family's history resurfacing and contributing to the problem?
- Does your spouse resent the amount of time you spend as a caregiver?
- Are you confused, fearful, or angry as a result of being a caregiver?
- Is your family communicating regarding the division of responsibilities?

Adapted from:
Lustbader, Wendy & Hooyman, Nancy R. (1994). *Taking Care of Aging Family Members: A Practical Guide.* New York: The Free Press.

Figure 6.3

GERIATRIC CARE MANAGER

Informal caregivers providing care to a family member or friend often need specialized assistance in coordinating various issues related to long term care. One possible source of assistance is a geriatric care manager.

A ***geriatric care manager*** is a person specially trained to help older people and their families in meeting their long term care arrangements. Geriatric care managers have training in gerontology, social work, nursing, family and consumer sciences, counseling, and other related fields.

Responsibilities and skills needed to be an effective care manager include the following:

- Conduct care-planning assessments to identify problems, eligibility for assistance, and need for services.
- Screen, arrange, and monitor in-home help or other services.
- Review financial, legal, or medical issues and offer referrals to geriatric specialists to avoid future problems and conserve assets.
- Provide crisis intervention.
- Act as a liaison to families at a distance, making sure things are going well and alerting families to problems.
- Assist with moving an older person to and from a retirement community, care home, or nursing home.
- Provide consumer education and advocacy.
- Offer counseling and support.

Some geriatric care managers also provide family or individual therapy, money management, and conservatorship or guardianship assistance. Geriatric care managers have extensive knowledge about the costs, quality, and availability of services in their community.

The geriatric care manager completes a thorough evaluation of the older adult and will do all of the groundwork necessary to coordinate placing needed services in the home. The evaluation usually includes a home assessment as well as a review of the older person's ability to take care of personal needs, such as bathing, dressing, shopping, and cleaning. Geriatric care managers generally charge for their services, and insurance may not cover the cost. For long distance caregivers, these care managers can keep an eye on the older adult, oversee home services, and communicate with the caregiver about the older adult's condition.

Generally, the caregiver needs to locate a geriatric care manager in the city or town where the older adult lives. Some care managers may have a network of associates across the country.

Caregivers will require a knowledge and understanding about main priorities of older adults during the later years of their life. This information, in combination with the physical and emotional limits of their own caregiving abilities can be used as a reference tool in establishing specific personal boundaries in caregiving responsibilities.

◆ Essential Questions: ◆
Geriatric Care Manager

1. What are the responsibilities of a geriatric care manager?
2. Why is it important to find a geriatric care manager near the older person being cared for?
3. How can a geriatric care manager benefit the caregiver who lives a great distance from the older adult being cared for?

Chapter Highlights

- Successful achievement of developmental tasks fosters successful achievement of future tasks and leads toward lifetime happiness.

- According to a recent survey by the National Alliance for Caregiving (NAC), one in four U.S. households contains at least one caregiver.

- According to experts, the average American woman will spend seventeen years raising children and eighteen years helping aging family members.

- The profile of a typical sandwich generation member is a 45 year-old employed female who is married and has a family of her own.

- Sandwich generation is a term used to describe the growing generation of middle aged persons who while in the process of rearing their own children are also at the same time caring for the needs of older friends or family members.

- Persons living in the sandwich generation are required to juggle a variety of services for variety of age groups.

- The ability for caregivers to communicate effectively with the older person in their care contributes to the well-being, security, and positive self-image of that older person.

- Obtaining feedback from the listener enables the speaker to find out if the message was understood and gives the speaker an opportunity to clarify any misunderstood messages.

- The scientific word for the study of body language is kinesics. The purpose of kinesics is to analyze the behavior of persons by observing their body motions.

- Active listening looks beyond what the person is saying and tries to identify the feelings that accompany the words that are being spoken.

- Decisions that concern the care of an older person who is living in the caregiver's home should be made upon agreement and discussion with all family members in that household.

- Focusing on personal strengths, aspects of caregiving that are rewarding, and benefits received by the person cared for will help caregivers maintain healthy attitudes while in their roles as caregivers.

(Continued on page 66)

Chapter Highlights

(Continued from page 65)

- Caregivers must be able to develop effective strategies to cope with their own individual physical and emotional limitations while caring for older persons.
- In order to prevent a stress-related crisis from occurring one of two things can be done: either decrease the caregiver's pressures or increase the caregiver's support system.
- Caregivers should not wait for a stress-related crisis to occur before establishing a support system that can lighten the load of their caregiving responsibilities.
- A geriatric care manager is a person specially trained to help older people and their families in meeting their long term care arrangements.
- Caregiver support groups provide a place to share emotions and experiences, seek and give advice, and exchange practical information with others.

Chapter 7

Management of Services in the Care of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

9B Identify types of facilities and levels of care for older adults.

9G Describe management functions in facilities for older adults.

9H Determine technological business applications used in management of elder care facilities.

Chapter Vocabulary

adult day care services
adult foster Homes
assisted living
board and care homes
Continuing Care Retirement Communities
home and community-based services
long-term care facilities
nursing home
respite care

The degree of caregiver involvement has remained fairly constant for more than a decade, bearing witness to the remarkable resilience of the American family in taking care of its family members. This is despite increased geographic separation, greater numbers of women in the workforce, and other changes in family life.

HOME AND COMMUNITY-BASED SERVICES

It is estimated that more than five million persons need some type of assistance with their daily living activities in order to remain in their own homes or in other community-based settings. Many older adults want to live independently in their own homes for as long as possible. ***Home and community-based services*** refer to the whole array of supportive services that help older adults live independently in their homes and communities. Many services are provided for not-for-profit organizations sponsored by religious or fraternal groups or other community organizations.

Typically, the basic services available through Home and Community-Based Care are:

- information and assistance
- personal care, homemaker, and chore services
- congregate and home-delivered meals
- adult day care
- rehabilitative care

DID YOU KNOW?

According to the most recent National Long-term Care Survey, of the older persons receiving paid and unpaid assistance, 95 percent have family and friends involved in their care. Paid home care is the exception, not the rule, for the great majority of older persons with disabilities.

- transportation assistance
- home health care
- caregivers' support, assistance and respite care
- housing options, including assisted-living arrangements
- consumer protection and advocacy

Caregivers of older adults who are chronically ill or disabled also benefit from home and community-based services. For example, adult day care and respite care enable caregivers to work or take time off from caregiving responsibilities by knowing their loved ones are getting the care that they need.

The American Association of Homes and Services for the Aging has a checklist of things to remember in choosing home- and community-based services. See Figure 7.1.

Adult Day Care Services

Adult Day Care services are community-based programs that provide nonmedical care to persons eighteen years or older in need of personal care services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual on less than a twenty-four hour basis. Those in the program interact with staff and other participants in a friendly environment and engage in social activities and recreation.

Adult Day Support Center

Adult Day Support Center is a community-based program that provides nonmedical care to meet the needs of functionally impaired adults. Services are provided according to an individual plan of care in a structured comprehensive program that will provide a variety of social, psychosocial, and related support services in a protected setting on less than a twenty-four hour basis.

Adult Day Health Care

Adult Day Health Care centers are community-based programs that provide medical, rehabilitative, and social services to older persons and other adults with functional impairments, either physical or mental. The purpose is to restore or maintain optimal capacity for self care under the direct supervision of professional staff.

Alzheimer Day Care Resource Center

Alzheimer Day Care Resource Center is a community-based program that provides day care for persons in the moderate to severe stages of Alzheimer's disease or related dementias and provides various support and educational services for family caregivers and the community at large. ADCRCs identify the psychosocial, mental, functional, and cognitive needs of these participants and assist them to operate at the highest level possible within individual degrees of mental and physical capacity.

Senior Centers

Multipurpose senior centers have become an important part of the Older Americans Act (OAA) since its enactment in 1965. Senior centers have evolved from sites for recreation and nutrition services to focal points for comprehensive delivery of social services.

Senior centers are constantly changing to meet the needs of the community. Today, a typical senior center may offer the following services:

- meal and nutrition programs
- information and assistance
- health and wellness programs
- recreational opportunities
- transportation services
- arts programs
- volunteer opportunities
- educational opportunities
- employee assistance
- intergenerational programs
- social and community action opportunities, and
- other special events.

According to the Administration on Aging, senior centers will play a major role in helping the federal government identify, report, and prevent Medicare and Medicaid fraud, waste, and abuse. Retired professionals will teach other older adults about waste, fraud, abuse, and how to report suspected cases.

Home and Community-based Services

- Decide what activities are needed. For example, some people need personal care services to help them manage the activities of daily living, such as eating, bathing, dressing, and grooming.

- Consider if some of the services listed might be needed:
    1. information and assistance
    2. personal care, homemaker, and chore services
    3. congregate and home-delivered meals
    4. adult day care
    5. rehabilitative care
    6. transportation assistance
    7. home health care
    8. caregivers' support, assistance, and respite care
    9. housing options, including assisted-living arrangements
    10. consumer protection and advocacy

- Consider what the fees are for the services.

- Find out if the insurance company will cover the services.

- Consider if Medicaid can assist in paying for the service. Medicaid pays for some community services, usually limited to home health care, hospice, and personal care, depending on the state.

- Consider if Medicare can assist in paying for the service.

- Investigate other forms of federal assistance that may help in paying for the service.

Adapted from the American Association of Homes and Services for the Aging (www.aahsa.org).

Figure 7.1

◆ Essential Questions: ◆ Home and Community-based Services

1. How would you explain the purpose of home and community-based services?
2. What are the different kinds of Adult Day Centers?
3. How do the different centers vary in the services that they provide?
4. What kinds of services are offered by Senior Centers?

LONG-TERM CARE SERVICES

Adult Foster Homes

Adult foster homes are community-based residential homes regulated by the state that provide twenty-four hour care for older and disabled adults. Older and disabled persons must apply for and meet certain criteria to prove eligibility for adult foster care. General criteria include the following:

- the applicant meets financial and functional eligibility
- the applicant is not able to live independently due to physical, emotional, or mental limitations
- daily nursing care is not required by applicant
- relatives of the applicant are unable to provide shelter or care to the applicant

Primary caregivers of adult foster homes live in and share a common area with those in their care. Assistance with activities such as bathing, dressing, and transportation are provided. Older and disabled persons living in foster homes pay caregivers for room and board, and the Department of Human Services pays caregivers for supervision and services given to older and disabled residing in their homes. Adult Foster Homes and caregivers must meet minimum standards preestablished by the state and are subject to monthly evaluations and inspections as well. Certified homes usually serve one to three adults and licensed homes serve four to eight adults.

Assisted Living

Assisted living is the fastest growing type of housing option, with an estimated 15 to 20 percent annual growth rate over the past decade. It is estimated that over 600,000 people live in an assisted living facility somewhere across the United States. For frail older adults and adults with disabilities who need some assistance to live independently, or who no longer wish to remain at home, assisted living provides an option for meeting their personal and supportive care needs.

Assisted living facilities offer a range of services tailored to meet individual care needs. Assisted living provides a homelike atmosphere and is designed to accommodate residents' changing care needs and preferences. The services may include:

- twenty-four hour supervision
- three meals a day in a group dining room
- a range of services that promote the quality of life and independence, such as:
  - + personal care services (eating, bathing, dressing, grooming)
  - + social services
  - + supervision and assistance for persons with Alzheimer's disease or other dementias and disabilities
  - + medication management or assistance with self-administration of medicine
  - + social and religious activities
  - + exercise and recreational activities
  - + arrangements for transportation
  - + laundry and linen service
  - + housekeeping and maintenance

Assisted living is not, as a rule, designed for persons requiring twenty-four hour skilled nursing care or ongoing medical monitoring. Regulation of Assisted Living varies from state to state. Industry studies estimate the average care for assisted living is approximately $2000 per month. Costs for assisted living residences vary greatly and depend on the size of rooms, amenities, services provided, and location. Residents typically cover assisted living fees out of their own pockets. Some states may be able to help low-income older adults pay for assisted living.

Assisted living facilities, also referred to as personal care, residential care, or domiciliary care, may be a part of a retirement community, nursing home, elderly housing, or they may stand alone. The goal of assisted living is to help the older adult to continue living as independently as possible.

In choosing an assisted living facility, it is wise to visit a few facilities beforehand and talk to the staff and residents. Some other guidelines include:

- Know what services the facility provides and if these services are provided by the facility's employees or if arrangements are made with other agencies.
- Find out what kinds of activities and recreation are available and how often they are offered.
- Know what the daily or monthly rate is and what services are included in this fee. There may be other services that are available for extra charges.
- Ask about how much input the resident will have in their daily life and care and how much flexibility there is in the schedule.
- Find out what choices of accommodations are offered there.
- Ask if furniture and other personal items can be brought from home.
- Consider the location of the facility and if the location allows for frequent visits from friends and family members.
- Find out what happens if additional assistance is needed later on.
- Check the facility for safety features (e.g., well-lighted stairs and halls, handrails in the bathroom).
- Find out if the facility accepts Medicare and Medicaid.
- Find out if the state requires the facility to be licensed. Ask to see the most recent inspection report.

Board and Care Homes

A ***board and care home*** is a community-based residence that provides room, meals, help with activities of daily living, and some degree of protective supervision to residents whose physical and/or mental impairments prevent them from being able to live independently but do not require skilled nursing care. Board and care homes provide an array of services to the residents.

They are not nursing homes. In some states, some nursing services can be provided in board and care home by staff or by outside agencies, but board and care homes are not medical facilities.

The cost of a board and care facility can range from $350 to $3000 a month. If your loved one's income is very low, the Supplemental Security Income (SSI) program may help. It is very important to choose a board and care facility that is licensed.

Continuing Care Retirement Communities

Continuing Care Retirement Communities (CCRCs) offer a range of housing options and services at one location. These communities usually consist of independent housing, assisted living, and a nursing home component. CCRCs are sometimes called Life Care Communities. Residents who initially move into independent living can move to assisted living when they need help with activities of daily living. Residents requiring ongoing skilled nursing care can move to the nursing home component.

Checklist in Selecting a Continuing Care Retirement Community

- Find out what kinds of services the facility offers and which ones are included at no extra cost. Sometimes, extra services are available for additional fees.
- Inquire about kinds of contracts available. The CCRC contract is a legal agreement between the consumer and a CCRC. This agreement usually secures living accommodations and services, including health care services, over the most long term.

THREE TYPES OF CCRC AGREEMENTS ARE:

Extensive contract: This offers unlimited long-term nursing care for little or no substantial increase in the usual monthly payments.

Modified contract: This includes a specified amount of long-term nursing care beyond which the older adult is responsible for payment.

Fee-for-service: The older adult pays full daily rates for all long-term nursing care required.

- Determine what fee structure and contract option best suits the personal circumstances.
- Find out if the CCRC is subject to licensure. Ask to see the most recent inspection reports.
- Find out what the payment schedule is. Also, find out if the resident owns or rents the living space.
- Find out if the CCRC is accredited by the Continuing Care Accreditation Commission, the only accrediting body for CCRCs.
- Before signing a contract, have an accountant or lawyer review the contract.

Adapted from the American Association of Homes and Services for the Aging.

Figure 7.2

CCRCs offer several advantages, including physical and financial security, independence and access to health care, companionship of friends and neighbors of similar age, and access to community facilities and privacy. The CCRCs emphasis on the individual, coupled with a supportive environment, allows the older adult to continue their lifelong interests.

A CCRC is not an affordable option for many older people. Expenses are almost exclusively out-of-pocket. A large entrance fee is required and monthly rates can be costly.

If an individual decides that a CCRC is the best option for themselves, or a family member, it is best to visit a few facilities. Figure 7.2 provides a checklist of things to keep in mind and questions to ask in determining what facility is best choice.

Respite Care

Respite care programs provide short-term service for people who are older adults or have disabilities that require care and/or supervision while giving their caregivers temporary relief. Services may be provided inside or outside the home. Some of the services that can be provided are as follows:

- in a nursing home or hospital: personal care, nursing intervention, supervision, meal preparation, and a room.
- in an adult foster care home or personal care home: personal care, housekeeping, supervision, meal preparation, transportation, and a room.
- in an adult day health care facility: personal care, nursing services, supervision, meal preparation, and transportation.
- in the individual's own home by a home care attendant: personal care, housekeeping, meal preparation, supervision, and transportation.
- in the individual's own home by a sitter: housekeeping, meal preparation, and supervision.

Nursing Homes

Nursing homes give protective, personal, and custodial care to the older adults who are dependent but still functioning at a good level. They are usually operated by ethnic, religious, professional, or labor organizations and by private interest. According to AARP, only about 5 percent of Americans older than sixty-five live in long-term care facilities.

The quality of long-term care facilities varies greatly depending on the type of facility. **Long-term care facilities** range from private skilled nursing facilities to institutions staffed with personnel requiring minimum training. Most long-term care facilities provide complete food service, planned social activities, and on-site medical facilities.

Caregivers of older persons who are in need of long-term care can sometimes locate individuals who provide twenty-four hour caregiving services in their own homes. Private individuals will generally accept one to three older persons depending upon personal preference, amount of available space, and number of assisting caregivers. Caregiving services in private homes can be similar to the care provided in adult foster homes or can be specialized, detailed, and customized according to the needs and desires of the older person.

Care provided in private homes is not regulated by and does not receive financial support from the Department of Human Services nor is care reserved for low-income, disabled older persons as in adult foster care. Details concerning the quality, cost, and level of care are usually worked out between the provider and the person considering that private home facility. These private facilities may or may not be licensed.

Federal and state laws set goals for nursing homes to ensure quality care for residents. When goals are not met at the facility or at the system level, problems must

Finding the Right Nursing Home

Look for the following when choosing a nursing home:

CERTIFICATION

- A current operating license from the state.
- An administrator who has an up-to-date state license.
- Certification for Medicare and Medicaid especially if these programs are important to the older adult and caregiver.

LOCATION

- A location that suits the resident and makes it convenient for regular visits by family and friends.

FACILITIES

- Handrails in hallways, grab bars in bathrooms, and other features aimed at preventing accidents.
- Clearly marked exits and unobstructed paths to the exits. All nursing homes must comply with safety codes.
- Bedrooms that open into a corridor and have windows, as required by law.
- A lawn or garden area for residents to get fresh air and a policy that encourages residents to go outside.
- One or more activity rooms or designated spaces for residents who are able to be involved in reading, crafts, and social activities.
- No heavy odors, whether pleasant or offensive. A good home will not use highly scented sprays to mask odors.
- Hallways wide enough to permit two wheelchairs to pass with ease and wheelchair ramps for easy access into and out of the home.
- Kitchens that separate food preparation, garbage, and dishwasher areas and keep perishable foods refrigerated.
- An attractive resident dining room with tables convenient for wheelchairs and food that looks appetizing.
- Toilet facilities designed to accommodate wheelchair residents.

PERSONNEL

- A physician who is available for emergencies.
- Residents who are well-groomed and dressed appropriately for a full day of activity and social interaction.
- A friendly and available staff who appear pleasant, caring, and accommodating to residents and visitors.

COMMITMENT TO RESIDENTS

- A philosophy of care in which physical and chemical restraints are used minimally or not at all.
- A volunteer program.
- An active resident council or some type of resident participation program that enables residents to recommend changes within the home.
- A resident's bill of rights or stated policy that identifies and respects residents' individual rights.

Source: American Association of Homes and Services for the Aging (AAHSA).

Figure 7.3

be addressed. Choosing a long-term care facility (nursing home) can be a difficult task. The American Association of Homes and Services for the Aging (AAHSA) has developed the checklist featured in Figure 7.3.

Long-term Care Ombudsman

Long-term care ombudsman are advocates for residents of nursing homes, board and care homes, assisted living facilities, and similar adult facilities. They work to resolve problems of individual residents and to bring about changes at the local, state, and national levels to improve care.

Responsibilities of the Ombudsman

The responsibilities of the ombudsman as outlined in Title VII of the Older Americans Act include:

- identify, investigate, and resolve complaints made by or behalf of residents
- provide information to residents about long-term care services
- represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents
- analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents
- educate and inform consumers and the general public regarding issues and concerns related to long-term care and facilitate public comment on laws, regulations, policies, and actions
- promote the development of citizen organizations to participate in the program
- provide technical support for the development of resident and family councils to protect the well-being and rights of residents.

Residents Rights

Residents have the right to:

- be treated with respect and dignity
- be free from chemical and physical restraints
- manage their own finances
- voice grievances without fear of retaliation
- associate and communicate privately with anyone of their choice
- send and receive personal mail
- have personal and medical records kept confidential
- apply for state and federal assistance without discrimination
- be fully informed prior to admission of their rights, services available, and all fees
- be given notice of transfer or discharge.

The National Long-term Care Ombudsman Resource Center, operated by the National Citizens Coalition for Nursing Home Reform in conjunction with the national Association of State Units on Aging, provides an on-call technical assistance and intensive annual training to assist ombudsmen in their work. The Center is supported with funds from the Administration on Aging.

To contact a long-term care ombudsman call AOAs Eldercare Locator at 1-800-677-1116.

◆ Essential Questions: ◆
Long-term Care Services

1. What kind of services are provided by Adult Foster Care?
2. How would you define the purpose of Assisted Living?
3. What are some guidelines in choosing an Assisted Living facility?
4. What is a board and care home?
5. What are the benefits of a Continuing Care Retirement Community?
6. Why is respite care beneficial to caregivers?
7. How would you define the functions of a nursing home?
8. What are some guidelines to consider in choosing a nursing home?
9. How would you define the purpose of a long-term care ombudsman?
10. According to the Older Americans Act, what are some of the responsibilities of an ombudsman?
11. What are some of the rights of the residents who live in the long-term care facilities?
12. How would someone contact a long-term care ombudsman?

MANAGEMENT FUNCTIONS

The number of staff employed at a care facility varies greatly and depends on the number of residents and their needs. Staff may be employed directly to the facility or from an outside agency. Typical staff may include:

- administrators who manage the facility
- nurses who assist older adults with health care services allowed by state regulation
- medication assistants who help older adults with their medication
- direct care staff who assist older adults with personal needs, such as feeding, dressing, and bathing
- food service personnel who prepare and service nutritional meals to the older adults
- activities coordinators who organize activities and programs for the older adults; and
- maintenance personnel who ensure the maintenance of the buildings and grounds.

In general, it is up to the management of the facility to ensure that appropriate staff are on duty at all times to properly provide for the health, safety, and well-being of the older adults and the upkeep of the buildings and grounds.

At a minimum, each facility has an administrator, manager, or director who is responsible for the overall operation of the facility. That person ensures that all staff are trained to care for the older adults and are competent in performing their duties consistent with applicable state and federal regulations.

Some states require that the administrator complete a state-approved certification program. In addition, the administrator and other employees may need to accumulate continuing education units appropriate to the scope of services provided.

◆ *Essential Questions:* ◆
Management Functions

1. What kinds of positions typically are found in a care facility for older adults?
2. What are the duties of the administrator?
3. What are the duties of the direct care staff?
4. What are some of the other duties of staff members?

TECHNOLOGICAL APPLICATIONS

The changes that technology has played in services for older adults are phenomenal. Process-oriented systems that measure and manage cost and care information, programs that focus on crisis management, and management of daily activities are only a few of the areas affected by technology.

Applications can create information on case management for pre-admission screening and pricing. Clinical documentation can focus on care plans, quality indicators, and physicians' orders.

Financial records, such as accounts payable, accounts receivable/billing, inventory, and claims management, can be used. Staff management information, such as payroll, human resources, and staff scheduling, can be utilized as well.

◆ *Essential Questions:* ◆
Technological Functions

1. How has technology impacted management functions in services for older adults?
2. What are some examples of technology evident in services for older adults?

Chapter Highlights

- Home and community-based services refer to the whole array of supportive services that help older adults live independently in their homes and communities.
- Multipurpose senior centers have become an important part of the older Americans Act (OAA) since its enactment in 1965.
- Adult Foster Homes are community based residential homes regulated by the state that provide twenty-four hour care for older and disabled adults.
- Assisted living facilities offer a range of services tailored to meet individual care needs.
- Assisted living facilities, also referred to as personal care, residential care, or domiciliary care, may be a part of a retirement community, nursing home, elderly housing, or they may stand alone.
- A board and care home is a community-based residence that provides room, meals, help with activities of daily living, and some degree of protective supervision to residents whose physical and/or mental impairments prevent them from being able to live independently, but do not require skilled nursing care.
- Continuing Care Retirement Communities (CCRCs) offer a range of housing options and services at one location. These communities usually consist of independent housing, assisted living and a nursing home component.
- Respite care programs provide short-term service for people who are older adults or have disabilities that require care and/or supervision while giving their caregivers temporary relief.
- Nursing homes give protective, personal, and custodial care to the older adults who are dependent but still functioning at a good level.
- According to AARP, only about 5 percent of Americans older than sixty-five live in long-term care facilities.
- The quality of long-term care facilities varies greatly depending on the type of facility. Long-term care facilities range from private skilled nursing facilities to institutions staffed with personnel requiring minimum training.
- A long-term care ombudsman is an advocate for residents of nursing homes, board and care homes, assisted living facilities, and similar adult facilities.

Chapter 8

Physical Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

5A Describe characteristics typical of the aging process.

5B Perform appropriate techniques for promoting independence among older adults with physical limitations.

5C Determine caregiver strategies appropriate to accommodate physical imitations of older adults.

5D Conduct physical activities appropriate for older adults.

5E Identify considerations when selecting appropriate housing, furnishings, clothing, and transportation for older adults at various levels of functioning.

Chapter Vocabulary

- cardiovascular system
- digestive system
- muscular system
- respiratory system
- skeletal system
- urinary system

To better understand the behavior of the older person, it is necessary to know about the changes that normally occur in the body as people age. These physical changes can have an important effect on people's attitudes, self-concept, and ability to perform daily tasks. People age at different rates, and different tissues and systems within one person show differences in rates of aging as well. Therefore, while it is useful to discuss the average older person, it is important for the caregiver to keep in mind that the physical needs of older individuals vary.

The physical needs of older adults are basically the same needs of all people; however, these needs may have to be met in different ways. As aging occurs, a degree of independence may be lost. Some older people may need only minimal assistance such as help with meals or reminders to take medication. Other older persons who have had a severe illness may need additional help with activities such as bathing or dressing. Giving the necessary assistance in an understanding manner enables the older person needing physical help to remain independent.

DID YOU KNOW?

All people will experience changes in their bodies as they age, but the changes will be more noticeable for some people than others. People who are older than eighty-five will naturally notice more physical problems than people who are just entering their sixties. It is important to note that in spite of physical loss and problems, most people adjust quite well and are able to compensate for their difficulties.

BASIC NEEDS OF OLDER ADULTS

The physical needs of the older adult will vary with each individual as well as each situation. If an older person needs care, it should be determined what that person may need, what they are able to do, and what can be done for them. People in need of physical assistance should be challenged and encouraged to care for themselves as much as possible. At times, it may be both easier and faster to complete a task for the person in need, but this can lead to the person losing independence. Caring for older adults in need of physical assistance takes time, patience, and understanding on the part of the caregiver. One of the main purposes of the caregiver/older person relationship is to enable a greater independence on the part of the older person and prevent dependence on the caregiver or care facility. The paradox is that the older person must be dependent on the caregiver to some extent to achieve this independence.

There will be some situations in which a caregiver must encourage older persons to be dependent. For example, older adults who have always been very independent and self-sufficient frequently have difficulty accepting that the particular way they are aging requires accepting help from someone else. To these persons, being dependent on another means that they are now less valuable and less worthwhile as persons. The caregiver's task here is twofold. One is to adapt the environment so that older adults can continue to do as many things as are safe. The other is to help older persons continue to feel respected and valuable despite some limitations on activities and despite the need to depend on others for help in a few areas.

In some situations, the caregiver will find people who are so overwhelmed with so many problems that they seem unable to make decisions or act on their own behalf. Frequently these cases require the caregiver to demonstrate a willingness to be dependable. This will help reassure the older person that the caregiver will take care of some things without the older person having to ask for help in that area each time help is needed. As the caregiver makes some changes for the better in the situation of the older person, the older person begins to feel that other changes are possible. With encouragement from the caregiver, the older person starts to take on more and more responsibilities.

A person with greater physical needs may be confined to bed. This type of person may have lost control over bowel and bladder functions and will need daily assistance with changing clothes, brushing teeth, or eating. In this situation, it often becomes important for the caregiver to look not only at what can be done for the person but also if assistance will be needed to properly care for the person. Helping a person with greater physical needs can be exhausting at times, but it can also become a very rewarding experience. When working with this person, it will be important for the caregiver to be aware of the full extent to which the individual will need help so that the physical and emotional needs may be met in the best way possible.

◆ Essential Questions: ◆
Basic Needs of Older Adults

1. Why should older adults in need of physical assistance be challenged and encouraged to care for themselves as much as possible?
2. What type of assistance might the older adult with physical movement limitations need?

PHYSICAL CHANGES

To better understand an older person's behavior, knowledge about the changes that occur as people age is essential. Aging takes place at different rates, and certain changes in the body can eventually be expected. Since aging is an individual process, the physical changes that occur with age will be different with each person. Changes that occur and the rate at which they progress will be affected by diet, health care, exercise, stress, mental attitudes, disease, and environmental conditions. There are specific changes that typically occur as a person ages.

Physical Appearance

Changes in physical appearance, usually the most obvious indicator of age, take place at vastly different rates. For example, graying or thinning hair is one of the most noticeable distinctions of aging. Other physical changes also occur as people age, such as body maintenance generally becomes more difficult; the skin often becomes less elastic, somewhat drier, wrinkled, thinner, and often discolored; warts may develop; varicose veins become more prevalent; the eyelids thicken slightly; the shoulders narrow; the hips broaden; and collagen, the connective tissue between joints, wears thin causing vertebrae to squeeze closer together and causing overall body shrinkage. The most important point to remember is that all of these changes do not occur to everyone or at the same time. This is only a general pattern for aging.

Internal Organs and Systems

Every day, thousands and thousands of cells in the human body die. As people age, the body's capacity for reproduction of cells slows, and with this slowing, deterioration begins to take place. A person's previous history of injury, disease, and lifestyle will play an important part in determining the rate at which the body's various systems slow. An overweight smoker, for example, will age at a much faster rate than an athletic nonsmoker. As the body's reproductive capability deteriorates, organs and organ systems begin to function at a slower rate.

The **cardiovascular system**, or circulatory system, is affected. The heart begins to shrink. Heart valves become less flexible, thicken, and do not close as efficiently. The walls of the heart thicken slightly in places; the heart's capacity to use oxygen lessens; fatty deposits increase around the heart; blood pressure often increases as the arteries become less elastic; and from age thirty to seventy cardiac output decreases on the average of 30 to 40 percent. A lifelong, proper diet and vigorous exercise can vastly increase the life and productivity of the cardiovascular system.

The **respiratory system** also changes. Lost muscle tone decreases breathing ability, and coughing or breathing deeply are impaired as the lungs become more rigid and stiff. Again, exercise throughout life will greatly increase the aerobic capacity of the lungs.

The **digestive system** also ages. Various glands in the system change. These may affect absorption rate, taste, and the smell of food. The acidic juices in the stomach experience change and can affect certain drugs. With the loss of absorption and some of the nutrients, malnutrition becomes a concern. Another concern is poor digestion due to lower digestive enzyme levels. And finally, bowel activity often decreases. Diet has a lot to do with the severity of many digestive problems, and as mentioned before, exercise under medical supervision can improve digestion.

The ***urinary system*** is another system that experiences some change. The flow of blood through the kidneys, the body's waste filtering system, is often reduced and general kidney function deteriorates as well. Loss of muscle control contributes to bladder problems, and in males, an enlarged prostate gland often causes urination problems.

The ***skeletal system*** needs consideration. As mentioned earlier, collagen decreases causing a general shrinkage in body stature. Beyond this, bones often become more brittle, porous, lighter, and are more easily broken; cartilage gradually atrophies or wears out; and joints become stiffer.

Finally, the ***muscular system*** changes. Muscle tissue breaks down and shrinks and is not as abundant. In cases of injury, scar tissue replaces healthy muscle tissue and muscles become less elastic. Nerve impulse speed slows, and consequently, reflexes slow.

Older adults do not necessarily experience all of these discomforts; however, the majority will experience some. Proper diet and exercise supervised by a physician cannot be overemphasized.

Sensory Changes With Age

Starting around the age of thirty, the five senses (sight, sound, smell, taste, and touch) seem to lessen as people age. After age sixty, the loss becomes more noticeable. Older people are often frustrated as they cannot see as far or hear as well as they used to. The caregiver should be aware that these sensory changes can affect the behavior of older adults. Once again, remember, not all changes occur to everyone at the same time.

Vision. Vision often becomes less acute as people age. As a result, older adults are more likely to experience problems with daily tasks that require good visual skills, such as reading small print or signs, locating signs, or adapting to sudden changes in light level. In addition, impaired visions caused by untreated cataracts or glaucoma is much more likely to result in problems with activities of daily living than is hearing impairment.

The process of aging also increases the risk of another serious condition called macular degeneration. It is an irreversible condition that generally leads to blindness.

The lens of the eye becomes less elastic, and eye muscles have increased difficulty focusing The eyes become more sensitive to glare but less sensitive to light. Clarity decreases. Finally, as the lenses age, they yellow. This allows colors such as yellow, orange, and red to be more easily seen, but prevents colors like violet, blue, and green from being seen.

Hearing. Hearing too is often affected as people age. As the arteries harden, less blood may be able to get to the ear. Stiffening joints may cause the connections between the three tiny bones in the middle ear to stiffen, and in severe cases, could lead to deafness. The years of damage done by environmental noise may result in the loss of high and/or low range noise causing the loss of some sounds.

Taste. Taste also changes. Taste buds, parts of the tongue that identify flavor, decline in number and functions. Salty flavors eventually disappear while the identification of bitter, sour, and sweet flavors continues.

Smell. Smell is also affected. Certain odors, such as flower and perfume, become indistinguishable. There is generally less awareness of body and household odors, and there is an inability to detect a new odor after smelling a strong odor over a period of time.

Trouble Signs to Watch for When Caring for the Elderly

Abdomen - swelling, tenderness, and pain or cramps
Arms and Hands - fingernails with a bluish tinge, inability to move, reach or grasp
Back - swelling at lower back or hips, white or red patches that indicate potential pressure sores
Between the Legs - redness, swelling, odor, or discharge in or near the genitals
Chest - noisy breathing, cannot cough deeply, both sides of the chest do not move together with each breath, and rash or irritation under the breasts
Ears - drainage, sores behind ears, and changes in hearing
Eyes - red or sore eyelids and rims of eye, clouding in the eyes, and different sized pupils
Feet - sores on heels and the bones of the ankle, difference in color, ingrown toenails
Hair and Scalp - sores, dryness, and brittle hair
Legs - inability to move, including the distance kicked frontwards, sideways and backwards; swelling or redness of knees and ankles
Mouth - mouth odor, sores or cracks on the lips, and poor condition of gums or teeth
Neck - swelling, and inability to turn neck from side to side
Nose - inability to breathe clearly through the nose

Figure 8.1

Touch. Touch, the ability to feel or feel differences in the textures of objects, decreases. Also, there is often a decrease in the ability to sense temperature, slight pressure, and pain.

Motor Abilities

For many older persons, movement becomes somewhat more difficult largely due to decreased strength, energy, and increased stiffness in joints. When exerting strenuous effort, it generally takes longer to recuperate and the ability to coordinate fine muscle movements decreases.

Observing Physical Changes

When caring for the older adult, one of the most important caregiver responsibilities is to watch for little changes that may signal a health problem. A serious illness can be prevented simply by watching for early trouble signs. When observing an older person's physical condition, the caregiver should watch for signs of pain, swelling, a change in color of the skin, and general strength. Caregivers should report their observations to a doctor, nurse, or other supervisor. Refer to Figure 8.1 for a list of trouble signs that caregivers should watch for when caring for older adults.

Caregivers will be able to notice slight changes more readily than other individuals will due to the daily contact they have with older adults in their care. Any and all concerns pertaining to the health of the older person should be reported immediately to a nurse, family doctor, or other health care professional.

◆ **Essential Questions:** ◆
Physical Changes

1. Why is it important to gain knowledge about the physical changes that occur with aging?
2. What are some changes that typically occur in physical appearance as a person ages?
3. What happens when the structure of organs and organ systems deteriorate?
4. What changes occur with each body system as a person ages?

MEASURES TO LESSEN THE EFFECT OF PHYSICAL CHANGES ON OLDER ADULTS

As the caregiver gains a better understanding of the changes that normally occur in the body as people age, the caregiver must become aware of the steps that can be taken to lessen the effects of certain changes and disorders. The caregiver should keep in mind that people age at different rates, and different tissues and systems within one person show differences in rates of aging as well. Some measures to lessen the effects of physical changes of older adults are discussed below.

Cardiovascular System

As mentioned earlier, proper diet and exercise can greatly increase the longevity of the cardiovascular system. Both diet and exercise should be supervised and maintained by a physician. Local or direct applications of heat or warmth, such as hot water bottles, hot soaks, and heating pads, should not be applied without written orders. There are other areas where the caregiver can directly intervene that can help to improve circulation such as the following:

- offering a lukewarm bath and being careful that the water is not too warm or too cool
- making sure the person is dried thoroughly after the bath
- providing warmth by making sure that rooms are free of drafts, and seeing that the older person is sufficiently and appropriately clothed to avoid chilling and perspiring
- preparing proper amounts of foods and types of foods and fluids to help regulate circulation and prevent infection. Calories, fats, proteins, and vitamins are regulated according to the weight and age of each person and his or her needs

Respiratory System

A person with a respiratory problem needs sleep. The surroundings should be made as quiet as possible to help the person rest. A sitting position in which the body is adequately supported is best for people with respiratory difficulties as it allows for ease in breathing. There may be times when the use of oxygen through a respirator might be necessary to assist with breathing.

People with respiratory disorders may eat poorly because they lack strength or fear that eating will bring on coughing spells, shortness of breath, or other problems. Smaller servings of food can be offered and assistance given when necessary.

Digestive System

A diet that includes plenty of fluids, bulk or fiber, fresh fruit, and vegetables will aid in preventing constipation as will a proper amount of exercise. Caregivers can help older persons maintain a healthy digestive system by doing the following:

- providing attractive and unhurried fiber-rich meals
- offering fluids throughout the day
- encouraging activity and exercise
- discouraging overuse of antacids and laxatives, unless prescribed by a doctor

Urinary System

When the kidneys are unable to maintain the fluid balance in the body, fluid loss from the body must be carefully measured so that just the right amount of fluids are given to the older person.

If fluids are limited, caregivers can offer the older person chewing gum, a wet cloth, or ice chips (in allowable amounts) to help keep the mouth moist.

Skeletal System

Good general nutrition aids in keeping the skeletal system healthy, as will good body posture and a regular exercise program. Overall exercise programs should include range of motion and breathing exercises.

Additional body weight can place a strain on the skeletal system; therefore, caregivers should help overweight older persons in the planning of dietary modifications that will lead to weight reduction. Aspirin, or other over-the-counter pain relievers, when advised by a physician, might be used to relieve minor aches and pains.

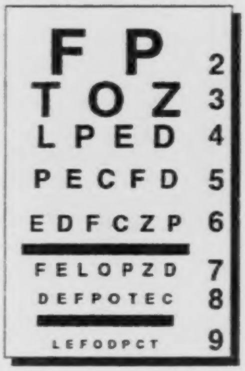
Muscular System

A broad range of exercises that use the body's muscle groups is helpful in maintaining tone and strength. Good posture aids muscles, making their job easier, and deep breathing exercises help oxygenate muscle tissue. Digesting foods is one of the most strenuous body functions but is helped along by bulk or fiber-rich foods in the diet.

Vision

A visually impaired older person can cope with objects better if the objects are placed within his or her field of vision. The caregiver should face the person and stand so the light falls on the face of the caregiver. Caregivers can help the visually impaired older adults perform daily tasks more independently by doing the following:

- using large letters to label objects
- providing uncluttered environments to facilitate finding things
- keeping objects in familiar spots
- color coding objects
- giving advance warning of hazards in walking paths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Hearing

Standing directly in front of an older person with hearing loss makes it easier for him or her to read lips. Shorter sentences and clear, concise words are easier to understand. The caregiver should avoid using slang or unfamiliar words and should avoid teasing. A gentle touch while speaking can be an important gesture for some older persons. Other ways that caregivers can help older persons with hearing impairments include the following:

- speaking toward the ear in which the hearing is best
- using appropriate hand and body gestures to help people with a hearing loss understand more clearly

Touch

Try to communicate through touch. This helps the person with decreased touch sensation overcome some of the loss. When handing an object to older persons with poor sense of touch, make sure that they have a firm grip on it before letting go of the object. Other ways that caregivers can help older adults who are experiencing a decreased sense of touch include the following:

- Give verbal instructions and warnings to help prevent injury and aid in adjustment to the loss.

- Use slightly more pressure when touching an older person who has a decreased sense of touch.

Taste

The more attractive and pleasant food is in appearance, the more likely older people are to eat it. Different textures in a meal help with food identification; however, if the person must be fed by others, foods of different textures should not be fed at the same time because it can contribute to choking. Caregivers can help older adults with diminishing senses of taste by doing the following:

- keeping food separate on the plate to facilitate identification
- providing good mouth and dental care to help the older person enjoy food more
- providing highly taste-filled food such as cheeses, pickles, and ice cream to help older persons with taste losses enjoy eating more

Smell

It is helpful for older persons with decreased sense of smell to try to smell food before it is placed in their mouth. Caregivers should tell the older person in advance what is going to be served, then the individual will have an opportunity to recall how it smells. To help lessen any sense of smell confusion, caregivers can label food items that look similar.

◆ Essential Questions: ◆
Measures to Lessen the Effect of Physical Changes on Older Adults

1. What are some measures that can be taken to lessen the effects of physical changes of older adults?
2. What type of assistance might the older adult with physical movement limitations need?

Chapter Highlights

☆ The physical needs of the older adult vary from person to person.

☆ Older adults, like other individuals, should be encouraged and challenged to care for themselves as much as possible.

☆ Physical changes that occur and the rate at which they progress are affected by diet, health care, exercise, stress, disease, and environmental conditions.

☆ Physical appearance is often the most obvious indicator of age.

☆ The structure of organ systems often, and gradually, deteriorate and become less efficient as a person ages.

☆ Sensory changes usually start in the late thirties and early forties but become more noticeable after the age of sixty.

☆ A serious illness may be avoided if the caregiver watches for early trouble signs.

☆ Concerns related to slight changes in a person's physical condition should be reported immediately.

☆ Certain precautions can be made to lessen the effects of physical changes in older adults.

Chapter 9

Emotional Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

6A Identify special emotional needs of older adults.

6B Summarize ways to alleviate insecurities and loss of dignity experienced by some older adults.

6C Describe techniques that promote emotional adjustments to losses.

6D Describe crisis management techniques.

6E Determine the impact of family support on the emotional well-being of older relatives.

6F Utilize caregiver techniques promoting positive emotional health of older adults.

Chapter Vocabulary

anxiety
apathy
depression
grief
hypochondria
Maslow's hierarchy
paranoia
physical survival
social isolation

Problems encountered by older adults are similar to those of other adults: financial concerns, living conditions, family and peer relationships, physical illness, and the loss of a loved one. In addition, older individuals face the problems associated with retirement. Whether older adults look forward to retirement with the anticipation of enjoying life and doing what they have always wanted to do, or whether they dread retirement with the anticipation of nothing to do, there is stress in the adjustment to a different lifestyle. The person involved in retirement might experience feelings of depression, anxiety, grief, paranoia, loneliness, dissatisfaction, or lack of self-respect. How well people are able to handle or cope with problems will often determine their emotional well-being. Most older individuals are able to cope very well with the changes that accompany aging by themselves or with the help of family members, friends, or an understanding caregiver.

DID YOU KNOW?

Emotional well-being is often determined by how well people are able to cope or handle problems. The majority of older adults are able to cope very well with the changes that accompany the aging process by themselves or with the help of family members, friends, or an understanding caregiver. Major depression, a significant predictor of suicide in older Americans, is a widely underrecognized and undertreated medical illness. More than two million of the 34.7 million Americans sixty-five and older suffer from some form of depression.

National Institute of Mental Health

MEETING EMOTIONAL NEEDS OF OLDER ADULTS

Everyone, regardless of age, has the same basic emotional needs–to feel comfortable with themselves and the world around them. Since human needs may affect emotional well-being, it is important for a caregiver to be aware of what the needs are and the ways in which the caregiver can help the older adult from feeling as if these needs are being threatened. A psychologist, Abraham Maslow, put all human needs into five categories and formed a hierarchy of human needs. As the term hierarchy suggests, these needs are structured in levels: Physical Survival Needs (physiological needs) are basic; Self-fulfillment Needs (self-actualization needs) are more advanced. Maslow states that a person strives to fulfill higher needs as the more basic ones have been satisfied, and for a person to be truly satisfied, all five needs must be met. Figure 9.1 below is ***Maslow's Hierarchy*** of human needs.

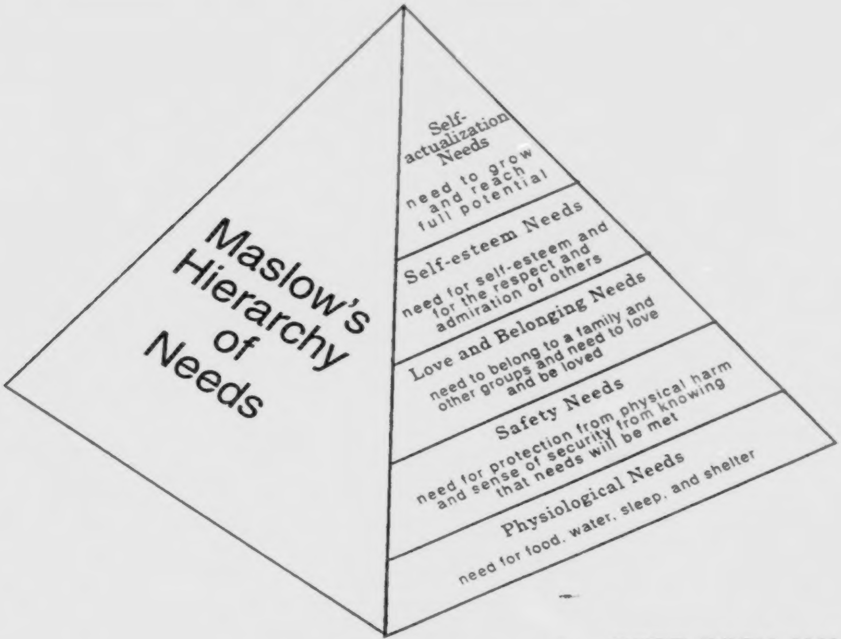

Maslow's Hierarchy of Needs
Self-actualization Needs
need to grow and reach full potential
Self-esteem Needs
need for self-esteem and for the respect and admiration of others
Love and Belonging Needs
need to belong to a family and other groups and need to love and be loved
Safety Needs
need for protection from physical harm and sense of security from knowing that needs will be met
Physiological Needs
need for food, water, sleep, and shelter

Figure 9.1

BEST COPY AVAILABLE

For some older people who have spent their lives striving to fulfill these needs, a threat to a fulfilled need, such as the death of a spouse or loss of physical health, might upset their emotional well-being, resulting in feelings such as depression, grief, loneliness, loss of self-respect, or dissatisfaction. These are not reactions exclusive of aging. When a loved one dies, all individuals experience grief, depression, and loneliness. Caregivers must recognize these feelings as being natural.

Physical Survival (Physiological Needs)

Physical survival is the most basic human need and includes rest, food, clothing, shelter, safety, activity, and avoidance of pain. The more each person's physical needs are met, the better the quality of life for the person.

Basic needs such as love, affection, independence, security, acceptance, recognition, trust, and socialization must also be satisfied for the person to have a healthy emotional outlook. Again, these needs do not have to be met each day.

Physical and emotional needs overlap and affect each other. When a need is out of balance, such as during an illness, the other needs are affected. For example, during an illness, activity is reduced, food intake changes, weight often changes, and clothing may not fit the same. As a result, the person's attitude and behavior may change. The person may be frightened, sad, angry, or depressed. The caregiver may not always be able to determine why a person is reacting in such a manner, but the caregiver must report the changes and reactions of the person to the doctor or person in charge. In turn, the person's actions can be reviewed to see if a need is not being met. Usually, with a change in the care plan, the need will be met and the person's behavior will change.

When working in services for older adults, it will be helpful for the caregiver to understand possible emotional feelings that may develop in an older person, as well as how the caregiver can help to reduce such feelings.

Anxiety. ***Anxiety*** is the emotion of feeling apprehensive and/or worried. Symptoms of anxiety include the following: insomnia, denial, complaining, restlessness, fatigue, incompetence, fantasizing, hostility, dependent behavior, and isolation. Other signs include chain smoking, pacing, the inability to sit still, fidgeting, and nervous mannerisms. Physical symptoms might include increased pulse rate, blood pressure, and frequency or urgency in urination.

Each person has an individual way of decreasing anxiety. What may work for one person might not work well for another. In addition, it is sometimes difficult to detect anxiety in older people because they may often hide their feelings. To reduce anxiety try the following:

- One of the best things that can be done to reduce anxiety in older adults is to simply sit with them and to listen carefully to them. The mere presence of other persons, especially loved ones, helps reduce anxiety.
- Touch may also help in reducing anxiety. Holding the person's hand and physical closeness may be very reassuring.

Paranoia. ***Paranoia*** is a mental disorder characterized by feelings of suspiciousness. Studies have shown that sensory losses can make big differences in behavior. Hallucinations might occur and persons may develop ideas that others are "out to get them." They may also tend to blame others for their difficulties. Those who are deaf are especially prone to these feelings. When they do not know what is being said, they become doubtful.

Efforts should be made to reduce the anxiety that leads to paranoid ideas. People being around may help to reduce fears. Also, changing the surroundings of the older person for more comfort and security can also be extremely helpful. A note of caution – changing the surroundings can also cause extreme confusion and make older persons less comfortable and less secure.

Depression. ***Depression*** is the emotional state of feeling hopeless. Depression in older individuals tends to be somewhat different from that found in younger people. For that reason, people who work with older adults must be able to recognize and deal with depression effectively. Emotional signs of depression might include sadness, feeling blue, and crying spells. Physical symptoms include insomnia, decreased appetite, decreased weight, constipation, heart palpitations, fatigue, slowing of movements, and agitation. Other symptoms include ***apathy*** (uncaring attitude), confusion, emptiness, hopelessness, indecisiveness, irritability, dissatisfaction, feeling worthless, and considering suicide.

Careful attention should be paid to those with sensory losses to help them reduce their losses and to prevent depression. Points to remember in dealing with depression include the following:

- Failing physical health is difficult for many older persons. There is a very close relationship between poor physical health and mental illness.
- Depression can often be hidden by anxiety, insomnia, poor nutrition, and lower energy levels.
- Denial is a widely used defense mechanism among older adults. It can be either used to advantage or disadvantage by a depressed older person.
- Depression may be mistaken for brain disease.
- Apathy is characteristic of depressed persons in later life.
- Depressed persons are usually not disoriented.
- Careful attention should be given to the depressed person's physical complaints.
- An effort should be made to promote an attitude of hope among depressed older adults.
- Constant efforts should be made to promote good feelings about self (self-esteem) among the depressed older adults.
- The older person should be rewarded for even the smallest gain or effort to change his or her behavior.

Older adults who are experiencing depressed feelings must maintain their self-esteem. The following are ways the caregiver can help older people have good feelings about themselves:

- Establish a good one-to-one relationship.
- Provide an opportunity to join a group.
- Offer sincere compliments to the older individual.
- Display sincere interest in the older person and in his or her interests.
- Seek the older person's counsel or advice.
- Comment on performances (past ones if present ones are not easily remembered).
- Assist in the expression of anger if it exists.
- Allow the older person to share guilt feelings.

Loneliness. Loneliness in the aged is difficult to handle. One can be lonely even when there are others (even a spouse) around. Many people in long-term care facilities are surrounded by people but never interact with them. Lack of warmth and friendship can result in further loneliness and isolation. Causes of loneliness include the following:

- Death of a spouse, sibling, close neighbor, roommate, or another significant person can leave a person feeling lonely and without someone who cares.
- Loss of a pet can make life lonelier.
- Pain can make people very lonely.
- Persons unable to speak the language dominant to that area may feel very isolated

and alone unless there is someone who can talk with them in their language.

- Certain times of the day such as sundown and nighttime can bring on lonely feelings for some older people.

The following are ways to reduce loneliness among older people:

- Listen attentively.
- Encourage the person to participate in conversation or activities. Negative responses by the older person may mean the person wants attention.
- If one thing does not work, try something else. Do not give up and allow the lonely person to move into further isolation.
- Share with others things you know a particular older person enjoys. This may encourage others with common interests to involve and interact with the older person.
- Be creative in dealing with older adults. Older people do respond to interests, creativity, and spontaneity. They can be creative if given an opportunity to express themselves.

Grief (Mourning). *Grief* is described as sorrow or emotional suffering due to a loss or disaster. Grief may be brought on by the loss of a loved one, loss of a pet, loss of home, or a physical loss such as vision or hearing. Normal reactions to grief include the following:

- Physical: numbness, shortness of breath, tightness of throat, choking, sobbing, sighing, exhaustion, weakness, digestive upset, insomnia, and loss of appetite
- Emotional: sense of unreality, feeling of increased distance from other people, intense preoccupation with image of the dead person, guilt, and hostile feelings

Abnormal reactions to grief include the following:

- Delayed grief: grieving for months or even years
- Inhibited grief: may show up as illness, overactivity, or disturbed social interaction
- Prolonged grief: intense grief over a long period of time
- "Enshrinement": keeping things just as they were before the death of a loved one occurred. The dead person's possessions, room, and photographs may be kept as a shrine to the person's memory.
- Advanced grief: this occurs before the actual loss as in the case of a long illness. This could cause a person to withdraw from the dying person prematurely leaving that person isolated and alone.

Healthy management of grief includes the following:

- Accept the pain of mourning.
- Review the relation to the deceased.
- Work through any overflow of hostility.
- Express sorrow and sense of loss.
- Decide how the deceased will be remembered.
- Express any feelings of guilt.

Normal course of grief reactions are as follows:

- Begin to free oneself from the attachment to the deceased.
- Readjust the environment in which the deceased is missing.
- Form new relationships which bring rewards and satisfaction.

Encourage reactions of grief by doing the following:

- Allowing older grieving persons to cry.
- Help older grieving persons to share their guilt feelings.
- Encourage older grieving persons to talk about feelings of anger and/or hostility.

Hypochondria. *Hypochondria* is an overconcern for one's physical and emotional health, along with physical complaints that have no medical basis. The complaints are not "imaginary" but must be treated as other emotional problems. Reasons for hypochondria include the following:

- to serve as a means of interaction with doctors, nurses, family, and others
- to express anxiety over areas of great concern

- to serve as punishment over guilt
- to avoid unwanted behavior or interaction
- to punish others
- to symbolize the person's aging or sense of inadequacy

Although not curing the ailment, medical attention may be a preventive measure if it leads to exploration of the real reasons behind the symptom.

Safety and Security (Safety Needs)

Once the needs of physical survival are met, the next greatest concern is safety and security. Some older people develop physical disabilities such as diminished seeing, hearing, or walking abilities. Older persons with physical disabilities may become frightened about the dangers involved in trying to accomplish something that is hindered by their specific physical limitations. An example might be simply walking across a room–if seeing abilities are lost or greatly diminished. If a person has been moved from the familiar surroundings of home, security can also be threatened. The caregiver can best help the older person feel emotionally safe and secure by doing the following:

- helping the older person stick to developed schedules for eating, resting, activities, and grooming
- keeping promises to do activities
- maintaining previous life patterns such as playing cards on a certain day or phoning a friend once a week
- arranging things such as drawers or table tops as the older person is used to having them arranged. (These little things add to a sense of security.)
- giving plenty of notice when the older person is to be moved or taken somewhere. Older adults may need time to adjust to the idea of new surroundings

Love (Love and Belonging needs)

Older people want to give and receive love and feel like they belong. During the early years of romantic love and starting a family, belonging seems almost automatic, but in later years, some of the older adults may feel as if they have become a burden and no longer belong or are needed. At times some older people may feel that since they lost their youthful attractiveness, they are incapable of being loved, or, if friends and spouses have died, there is no one to love. A caregiver can help older persons feel loved by doing the following:

- helping them develop a sense of belonging. Give the older person the opportunity to solve problems or contribute to decisions or plans.
- allowing them to give to give to the caregiver and others. (Gifts and favors may be their way of expressing love).
- providing some physical contact. Do not be afraid to touch or caress a hand or give a friendly hug or squeeze. The older person may miss this type of affection.
- encouraging new activities and meeting people. New friends can be made at any age and help to ease the longing for old friends who may no longer be around.
- helping them to personalize their rooms with their own familiar belongings. This will encourage feelings of belonging.

Self-Worth (Self-esteem Needs)

The next need that becomes important is the need for self-worth. In many instances the role of a parent or spouse will diminish with age. There becomes less of a need to provide for or take care of others. Family and friends that an older person previously cared for may need to help provide care for the older person. A caregiver can help older persons feel worthwhile by doing the following:

- Encourage them to be as independent as possible. This may include letting them do things for themselves, even if it takes longer, and allowing them to make as many decisions as possible about what to wear, eat, or do.
- Avoid treating them like children. Instead

of saying, "Time for lunch," say, "Are you almost ready for lunch?"

- Listen and be open to their opinions and suggestions. They appreciate feeling needed, and their knowledge and experience may prove to be very useful.
- Give acknowledgment or credit for past accomplishments by asking to hear life-experience accounts of their past successes.
- Encourage activities that involve volunteer work. This is good for helping a person to feel needed, especially when the volunteer work is for a worthy cause.

Self-Fulfillment (Self-actualization Needs)

The final need for the older person is self-fulfillment. This need will be different for each person because each person will be good at different things. Many times self-fulfillment is not possible until the later years of life because responsibilities may have taken up a lot of time. As some people age and some of their obligations lessen, they may discover talents they did not realize they possessed.

The caregiver can best encourage and promote self-fulfillment in older persons by doing the following:

- encouraging continued learning through clubs, books, and meeting other people.
- helping older adults discover their strengths; this could be through a new hobby or interest.
- being open to discussions about the past and the meaning of life.

Essential Questions:
Emotional Needs of Older Adults

1. What are the emotional needs of older adults?
2. How can human needs affect the emotional well-being of the older adult?
3. According to Maslow's hierarchy, what are the names and levels of human needs?
4. How would you describe the importance of satisfying each of the five human needs?

EMOTIONAL CHANGES

Many of the emotional changes associated with aging occur as a result of various losses. Most older people have an amazing ability to cope with not only the losses, but the slowing down that sometimes comes with aging. Years of maturity have taught many older persons to exchange the loss of one pleasure with something new. Some examples of losses that may affect the emotional well-being of an older person are discussed below.

Relationships

Sad losses are sometimes created for persons when they outlive spouses, friends, or family. This results in fewer people with which to share memories and a common background. The person with the loss should be encouraged to make new friends and build relationships. Everyone needs interaction with people of all ages.

Physical Functioning

There is a gradual slowing down physically as a result of the aging process. The person can usually accomplish the same tasks but it may take longer.

Sensory Changes

There is some decline in the ability to use the senses as a person ages. Some older adults may experience declining vision, restricting the ability to read or enjoy some activities. Impaired hearing might affect communication with others. Changes in smell and taste may take away the pleasure of eating favorite foods for some of the older adults; however, older individuals are not at the mercy of some unalterable process that can impair all senses. As with persons of all ages, general health, nutritional factors, smoking, and prolonged use of certain drugs and antibodies contribute to sensory deficits. These factors are under the person's control to some extent.

World of Work

Older adults can lose the feeling of being needed after children become adults and no longer live at home. The responsibility of parents taking care of children may reverse to children helping parents. Work provides a positive self-concept for many of older adults who want to continue working as long as possible, and older individuals may take part-time or full-time jobs. Others find self-satisfaction by participating in volunteer work. However, there is a new phenomenon on the employment scene with retirees, fifty-five and over, who retire from a first career, look around for varied life options, and frequently begin second careers. Other older persons who possess professional knowledge and skills that have taken years to develop are valuable resources in the United States. These senior citizens, depending on their vocation, can offer legal services, teach courses, and supply home medical care. Some business firms hire former employees to use their skills on specific projects and programs on a full-time or part-time basis.

Income

The loss of salary may mean a reduction in the amount of money available. Social security is the main source of income for half of all older persons living in the United States today. Earnings from pensions and assets are other sources of income for older adults. Some older persons must depend on financial help from sons, daughters, or other relatives.

Possessions

As people age they may have to give up possessions such as a house because they are no longer able to take care of it or can no longer afford to live in it. This can be a traumatic experience for some of the older adults because they are also giving up familiar surroundings, neighbors, a favorite spot, or other possessions with sentimental value.

Some older people look forward to moving into a smaller house or apartment, sorting through possessions, and making plans for a different lifestyle. With a smaller home and fewer possessions to care for, the older adults feel they will have more time to do things of interest to them. Some older persons decide to keep a few of their possessions and select favorite or sentimental items to take with them when moving in with relatives, or when moving into long-term care facilities or retirement communities.

◆ Essential Questions: ◆
Emotional Changes

1. What are the some of the emotional losses that older adults may experience?
2. How do older adults cope with some of these losses
3. How can the caregiver help the older adult cope with these losses?

MEASURES TO LESSEN THE EFFECTS OF EMOTIONAL CHANGES IN OLDER ADULTS

As people age there is a great deal of variation in adjusting emotionally to aging. Many older people lead full, active, enriching, productive, and satisfying lives, while others feel bored, tired, depressed, useless, and withdrawn from their environments.

Many older persons must deal with ***social isolation*** when friends die or move away. The isolation is not inevitably a part of the aging process and with help, a person of any age can make new friends. For example, an older person might be one who would be considered "isolated" socially. This might be because the spouse, who had always planned most of the older person's social life, died and the person does not really know how to go about making new friends. Nor does the person know how to encourage lifelong friends to come over and play cards, backgammon, checkers, or watch television or a video movie. The caregiver might discover that the older person has a special interest such as building and flying model planes and wishes to join a model plane club. A person who enjoys studying ancestry may join a genealogy group.

Studies have shown that those who maintain a high degree of involvement in life will be more likely to adjust emotionally to losses that occur in later years. Being committed to various areas of life such as work, organizations, clubs, friends and family relationships, as well as having a sense of humor and an optimistic outlook on life are important factors in promoting adjustments. The following are a few ways in which the caregiver may be able to help the older person to adjust to losses that can affect emotional well-being:

- Convey positive feelings that the person is cared for, loved, and valued.
- Reassure the person that feelings of stress and depressing thoughts are normal during a loss.
- Encourage the person to express his or her feelings and thoughts. Sometimes talking about a loss can help during the adjustment period.

◆ Essential Questions: ◆
Measures to Lessen the Effects of Emotional Changes in Older Adults

1. How do older adults vary in how they adjust emotionally to aging?
2. How can caregivers best help older adults adjust to losses?

Chapter Highlights

- People have the same basic emotional needs from the time they are young throughout the life span.
- A serious threat to the human needs of individuals can upset their emotional well-being.
- According to Maslow, the hierarchy of needs includes physiological, safety, love and belonging, self-esteem, and self-actualization.
- The emotional changers associated with aging occur as a result of losses in relationships, physical functioning, diminished senses, income, possessions, and retirement from the world of work.
- Most older adults have an amazing ability to cope with losses experienced during the older years.
- Older adults who maintain a high degree of involvement in life will be more likely to adjust to emotional losses.
- Emotional problems of older adults include anxiety, depression, grief, hypochondria, loneliness, and paranoia.

Chapter 10

Mental Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

7A Differentiate between signs of aging and disease on mental abilities.

7B Describe mental disorders commonly associated with some older adults.

7C Analyze methods that caregivers can use to promote mental alertness.

7D Determine caregiver strategies appropriate to accommodate persons with mental limitations.

7E Determine techniques promoting independence among older adults with mental limitations.

7F Conduct appropriate intellectually stimulating activities to meet varying needs of older adults.

Chapter Vocabulary

Alzheimer's disease
dementia
functional disorder
long-term memory
organic disorder
reality orientation
short-term memory
very long-term memory

Although some cognitive functions decline as a normal course of aging, most loss of functioning that is readily observable by family and friends has other causes and need to be addressed by professionals. The most common late life mental health condition is depression and, under almost any circumstance, is treatable.

Many people are afraid that growing old means losing the ability to think, reason, or remember. They worry when they feel confused or forgetful that these feelings are the first signs of senility. In the past, doctors often dismissed memory loss, confusion, or similar behaviors as a normal part of the aging process; however, experts now know that most people remain alert and capable as they age. They also know that people who experience changes in personality, behavior, or skills may be suffering from a form of brain disease called dementia.

DID YOU KNOW?

Healthy People 2010 is a national health promotion and disease prevention initiative to improve the health of all Americans, eliminate disparities in health, and improve the years and quality of healthy life.

While it once seemed that health problems were inevitable in older age, there is conclusive evidence that many diseases can, in fact, be controlled or, even better, prevented.

DEMENTIA

The term ***dementia*** describes a group of symptoms that usually are caused by changes in the normal activity of very sensitive brain cells. Dementia seriously interferes with a person's ability to carry out daily activities. Dementia is irreversible – it cannot be cured; however, there are many conditions with symptoms that seem like dementia but are not. Some 100 reversible conditions may mimic these disorders. These reversible conditions can be cause by problems such as high fever, poor nutrition, adverse medication reactions, or minor head injury. Although not dementia, medical problems like these can be serious and should be treated by a doctor as soon as possible.

Sometimes older adults have emotional problems that may be mistaken for dementia. Feeling sad, worried, or bored may be more common for older people facing retirement or handling the death of a spouse, relative, or friend. Adapting to these changes may leave some people feeling confused or forgetful. Emotional problems can be helped by supportive friends and family, or by professional help from a counselor.

Individuals who think they may have a form of dementia should have a thorough physical, neurological, and psychiatric evaluation. They should also have a complete medical exam, as well as tests of mental abilities. Some tests, such as a brain scan, can help the doctor rule out a curable disorder. The medical tests may also show signs of normal age-related changes in the brain. The two most common forms of dementia are multi-infarct dementia (sometimes called vascular dementia) and Alzheimer's disease.

Multi-infarct Dementia

In multi-infarct dementia, changes in the brain's blood vessels (strokes) result in widespread death of brain tissue. This condition accounts for about 20 percent of the irreversible cases of mental impairment. Symptoms that begin suddenly may a sign of this kind of dementia. These symptoms include vision or speech problems and/or numbness or weakness on one side of the body. People with multi-infarct dementia are likely to show signs of improvement or remain stable for long periods of time then quickly develop new symptoms.

Alzheimer's Disease

In Alzheimer's disease, nerve cell changes in certain parts of the brain result in the death of a large number of cells. Some 50 to 60 percent of all older persons with mental impairment have Alzheimer's disease. Symptoms begin slowly and become steadily worse. Both forms of dementia can exist together, making it hard for the doctor to diagnose either.

Alzheimer's disease is a disease that destroys the brain cells that affect memory functions. Intellectual, emotional, and behavioral abilities are affected with the progression of the illness. Twenty to thirty percent of the population eighty-five years of age and older are affected by Alzheimer's disease. This means that for every one hundred adults, one adult will develop the disease. It is the fourth leading cause of death in older adults.

The first symptom in the early stage of Alzheimer's disease is a decreasing ability to remember daily events such as the dosage and type of medication taken earlier in the day or the name of the store shopped at only a few hours ago. This decrease in short-term memory is contrasted by clear long-term memory (events that took place many years ago). Other characteristics seen in the early stages of Alzheimer's disease are social withdrawal and apathy.

Both short- and long-term memories decrease with the progression of the disease. Abstract reasoning and judgement weaken. Difficulty handling money or comprehending reading materials, increased irritability, and a neglect of personal appearance become problems.

The later stages of the disease are identified by confusion and disorientation in relation to date, time, and other basic information such as place of residence or name of a place recently visited. Persons with later stages of Alzheimer's disease are characteristically moody, uncooperative, non-communicative, and will eventually be unable to care for themselves. The life expectancy for a person diagnosed with Alzheimer's disease is eight to ten years.

◆ Essential Questions: ◆
Dementia

1. What are the two types of dementia?
2. How do these types of dementia differ?
3. What are the symptoms of Alzheimer's disease in the early stages?
4. What are the symptoms of Alzheimer's disease in the later stages?
5. What procedures should be followed if a person is suspected of having some form of dementia?

SIGNALS OF MENTAL DISORDERS

A common belief about aging is that it is a time when people develop poor memories, do not think as clearly, and undergo a general decline in physical capacity. Often, normal memory loss is confused with overall mental decline.

When an older person suffers from a mental disorder, the mental disorder is usually one of two kinds; an organic disorder or a functional disorder. ***Organic disorders*** have a physical cause and are also known as organic brain syndromes. Some organic disorders are reversible and are often successfully treated. Other organic disorders, such as stroke or disease (which result in permanent damage to the brain), may be treated according to individual symptoms, but cannot be reversed. ***Functional disorders*** are usually related to one's personality and life experiences. These disorders are treatable or controlled through therapy and medications but generally are not reversible.

Needs of the Mildly Confused

The state of mind of a person who is mildly confused will vary. At times the person may talk quite normally, and at other times the same person may seem out of touch with reality, becoming confused and disorientated. The person in this state of mind is usually fairly easy to care for. The goal of the caregiver in this situation is to help the person who is mildly confused to do as much independently as possible. Judgement will have to be used when leaving this person alone or in an area in which the person may be harmed, such as near a stove or around matches.

Often the mildly confused need only reminders to take care of themselves. Such reminders might include taking medication at proper times, doing advised exercises, sticking to a schedule or routine provided by a doctor, or sticking to a certain meal time. It is not the responsibility of the caregiver to give medication or feed this person a special diet; it is the responsibility of the caregiver to give reminders. Through these reminders, special attention, and a watchful eye, the caregiver is doing a great deal to minimize confusion and to keep the older person healthy.

Needs of the Very Confused

People who are very confused may have no sense of where they are or who they are, so they should not be left alone. A person in this state of mind may become disruptive, wandering, or change moods from one part of the day to the next. The caregiver can help people in this state of mind by providing frequent reminders of who or where they are, who some friends or family members are, or what activity they are to do next. Often people who are very confused will remember a great deal from the past and feel as if they are in it. The caregiver can best assist the very confused by reminding them about such things as not having to go to work, that friends from twenty years ago are not going to visit, or mention the name of a relative along with the current date and year to help slow or reverse some confusion.

Mental Changes

As was mentioned earlier, mental abilities do not decline as a result of aging, but response time generally slows down. In fact, knowledge generally increases with age, and the efficiency for remembering information will remain constant as a person ages. Studies show that older adults are able to retrieve information as effectively as younger people. A variety of variables, such as inadequate nutrition, illness, heredity, improper use of medications, disease, alcohol, or isolation, may cause an older person to experience memory loss or become confused.

Memory Loss

When an older person experiences memory loss, it is usually due to a lack of oxygen reaching the brain. Often this is caused from a stroke or because the brain's blood vessels have thickened from fat deposits. This can cause a change in the ability to use short-term memory as effectively. ***Short-term memory*** is the ability to retain information from a second to a few minutes. ***Long-term memory***, also known as secondary memory, is defined as retention from ten to twenty minutes. ***Very long-term memory*** includes memories from the distant past to recent events.

When an older person's short-term memory has been affected, the individual is likely to forget recent happenings, and things from the past will be more likely to be remembered. The caregiver working with a person who has a slight memory loss is likely to hear stories from the past over and over again. This retelling occurs because the short-term memory has not allowed the person to remember what has been said. In this situation, the caregiver can best help by listening, being understanding, and talking about events that have recently occurred to help the person remember the present.

Confusion

When an older person starts showing signs of forgetfulness, short attention spans, wandering, incoherent speech, or not understanding what is being said, that person is becoming confused or disoriented. A doctor should be called to make the appropriate diagnosis. Confusion is not a happy dream state; it is a frightening state of mind. The caregiver can help minimize confusion by reminding the confused person of who they are, where they are, the time and day, and what is going on around them. Research on the causes and consequences of aging suggest confusion in certain situations may be treatable, reversible, and preventable. Some of the causes of confusion are presented in the following list:

- Isolation and a lack of social contacts
- Mental illness such as depression
- Fat deposits which thicken the blood vessels in the brain
- Low blood pressure or heart disease
- Hypoglycemia or low-blood sugar
- Thyroid or liver disease
- Destruction of brain or nervous system cells
- Poor nutrition from inadequate diet
- Diminished senses
- Drug reaction from too much medication or a unique response to a particular medication

Measures to Minimize Confusion of the Older Adult

Dealing with confusion, disorientation, loss of memory, and possibly delusions will take patience and effort on the part of the caregiver. A technique known as ***reality orientation*** is designed to bring confused persons back to the present and can be used by the caregiver as well as by family members. The following list contains some ways to carry out reality orientation to minimize confusion:

- Always call the person by name and remind the person of your name and names of others. For example say, "Good afternoon Mr. Gibbs. It's me, Judy. Your wife Elaine and your son Eric are here. They've come to visit."
- Keep visual reminders of the time and date where the person can easily see them. Large-faced clocks and calendars will help. The person could mark off days on a calendar that lead to special events such as Valentine's Day.
- If possible, hang or stand photographs of relatives where they can be easily seen. These will act as a reminder of everyday realities.
- If the confused person is on a schedule or routine, keep a large colorful list of daily activities in clear view.
- If possible, place the person's bed or favorite chair near a window so the changes of season and time of day can be seen. A person confined indoors can lose track of time from week to week, month to month, or even season to season. Remind the individual of the time of day or year.
- Hang a bulletin board for tacking up reminders of the real world. This may include pictures; cards from occasions such as a birthday or Christmas; or something showing the day of the week, date, year, next holiday, weather, or even an upcoming national event.
- Make directions simple. Use short sentences and give only one step at a time.
- Do not allow the confused person to just ramble occasionally; never pretend that the confused person is in a different time or place than where they actually are at the moment.
- Do not argue about what is real or imagined when a confused person distorts reality, as this will make them more anxious and add to the confusion. If the person makes statements such as "the mail carrier has a gun" or "he was trying to poison me," pick up on feelings that may be accompanying the words. An example of how to respond to these statements might be "You're frightened, aren't you?" or "You're angry, aren't you?"

- Be consistent, firm, and sincere in keeping a person in touch with reality.

◆ Essential Questions: ◆
Signals of Mental Disorders

1. What can a caregiver do to help a person who is mildly confused?
2. What can a caregiver do to help a person who is very confused?
3. What usually causes memory loss among older adults?
4. What are five factors that can cause a change or decline in mental abilities?
5. What is meant by the terms short-term, long-term, and very long-term memory?
6. What is confusion like for an older adult?
7. What causes an older adult to feel confused?
8. What is reality orientation? Who can use it?
9. How can reality orientation be used in minimizing confusion in older adults?

PREVENTION OF MENTAL DISORDERS

Diet, drugs, and patterns of living may someday be used to prevent or reverse the damage done to the brain in Alzheimer disease and other related diseases. At the present time, however, a better understanding of these problems and their causes is just beginning to unfold.

Developing interests or hobbies and becoming involved in activities which keep the mind and body active are among the best ways that older people can avoid the problems which can mimic irreversible brain disorders. Careful attention to physical fitness, including a balanced diet, may also go a long way towards keeping healthy.

◆ Essential Questions: ◆
Prevention of Mental Disorders

1. What can older adults do to prevent the likelihood of mental disorders?
2. What predictions can be made about older adults who have mental disorders?

Chapter Highlights

- Some mental disorders among older adults are reversible and can be successfully treated.
- There are many conditions with symptoms that seem like dementia but are not.
- The two most common forms of dementia are multi-infarct dementia (sometimes called vascular dementia) and Alzheimer's disease.
- In multi-infarct dementia, changes in the brain's blood vessels (strokes) result in widespread death of brain tissue.
- In Alzheimer's disease, nerve cell changes in certain parts of the brain resulting in the death of a large number of cells.
- The caregiver should always help a person who is confused to do as much independently as possible.
- An older adult who is very confused should never be left unsupervised.
- Mental abilities do not decline as a result of age.
- The technique of reality orientation may help a confused person and can be used by anyone.
- Caregivers should always be consistent, firm, and sincere when working with those that experience confusion.
- Diet, drugs, and patterns of living may someday be used to prevent or reverse the damage done to the brain in Alzheimer disease and other related diseases.
- Developing interests or hobbies and becoming involved in activities which keep the mind and body active are among the best ways that older people can avoid the problems that can mimic irreversible brain disorders.

Chapter 11

Social Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

8B Summarize theories associated with social changes of aging.

8C Identify ways to meet the social needs of older adults.

8D Point out factors influencing the social needs of older adults.

Chapter Vocabulary

activity theory
disengagement theory
social roles

During the experiences of life, people are usually expected to perform many different social roles under various circumstances. These may include the role of spouse, parent, grandparent, friend, employee, or active church member. As people age, there is a gradual reduction in these social roles, and feelings of alienation or of not belonging may result. The caregiver can be of great help by encouraging participation in or even helping provide social activities for older individuals.

IDENTIFYING SOCIAL NEEDS OF OLDER ADULTS

As older adults become involved in social activities, their social roles grow which in turn lead to lives filled with meaning and purpose. This philosophy of social change supports the activity theory rather than the disengagement theory, both of which are well-known.

The ***disengagement theory*** explained the social changes of older adults as a gradual separation from family, friends, and the community to better prepare for the final separation in life which is death. It was believed that this was a voluntary action for all persons involved. Grown children would no longer need the parents and the parents would gradually become less interested in the activities of their offspring. Society would no longer need the retired worker or a semi-active homemaker, and the older adult would become less interested in what occurred in society. This theory of disengagement is questioned by the activity theory.

DID YOU KNOW?

The aging of America presents many challenges, but it also offers many opportunities. Older Americans represent a great reservoir of talent, experience, and knowledge which can and is being used to better their communities and nation.

The ***activity theory*** explains social changes by stating that the people who age the most successfully are those who maintain a high degree of involvement in life. This theory supports the view that although some reduction in activity is expected with age, most older individuals maintain a stable level of activity throughout life. Declines in activity are associated with lower levels of satisfaction, contentment, and happiness. This theory also supports the idea that when given a choice, the older person wants to be involved in activity and resists the decline of his or her social world. Older persons have an inner desire to maintain the activities that they may be forced to give up due to losses that occur with aging.

◆ Essential Questions: ◆ Identifying Social Needs of Older Adults

1. What is meant by the disengagement theory?
2. How would you describe the activity theory?

MEETING SOCIAL NEEDS OF OLDER ADULTS

People of all ages, especially older adults, need to feel as if they belong and are needed so that life can be filled with meaning and purpose. As people become involved and remain active in social activities, their social roles increase. ***Social roles*** are the ways individuals are expected to behave in certain situations or under circumstances involving people. Since these roles are based on interaction with others, older adults who are the most socially active will have the greatest number of social roles.

Many times, the social roles of older adults will decrease as they experience losses in friends, family responsibilities, or even a spouse. The caregiver can often help an older person replace roles that may have been lost by encouraging involvement in new activities such as organizations, volunteer programs, or community projects.

Studies have shown that people who remain socially active keep a young spirit and stay mentally alive through being involved. Some social roles may last from young adulthood throughout the later years but will undergo changes as time progresses. The types of roles that give meaning to life in the later years are those involving relationships with family, friends, and memberships in various social, religious, or even political organizations.

Friendships

Many times, friends are considered to be less important than relatives, but because of the nature of friendships, many older people value the relationship of friends more than their relatives. Older people tend to have friends who have similar interests and values. They often meet them in community centers. Support, information, and entertainment of the friends of older adults help contribute to feelings of self-worth and belonging. Friendships are especially important for older persons because they can help cushion the loss of loved ones, physical deterioration, and other stresses of aging.

Organizational Memberships

Many older persons receive a great deal of personal satisfaction, a sense of identity, and status from belonging to formal social organizations. The business or work-related organizations that older people were involved in before retirement usually become less important in later life, and social organizations become more important. Many healthy, outgoing people remain actively involved well into their seventies, eighties, and nineties.

Membership organizations for older adults reflect the diversity of interests and backgrounds of people who happen to be in the same age group. While they share some common interests, they also reflect different political, religious, economic, and social viewpoints.

Religious Involvement

Studies have shown that there is a larger percentage of older people involved in religious organizations, prayer, or scripture reading groups than younger people. As people age, their church attendance usually increases. Most of today's older adults grew up in families that were centered around church community life. Religious beliefs were the foundations on which families were built. Religion has remained an important part in the lives of older adults, and they receive great comfort from it. Many older adults also remain involved in religious commitments and activities because it gives them a sense of belonging.

Political Involvement

Over six million older Americans belong to local, state, and national organizations. It is their way of responding to the challenge of fighting back against their public image and exploitation, as well as fulfilling a need for companionship with a purpose. The following is a list of some of the major political action groups in which more older individuals are becoming involved:

- AARP
- National Council of Senior Citizens (NCSC)
- Gray Panthers Project Fund (GPPF)
- National Alliance of Senior Citizens (NASC)
- National Caucus and Center on Black Aged (NCBA)

◆ Essential Questions: ◆ Meeting Social Needs of Older Adults

1. What are social roles and why are they important?
2. What are four types of social roles that are important to older adults?

SOCIAL ADJUSTMENTS

The caregiver can best help an older person adjust to changes in social roles and activity by helping that person remain involved in a relationship, organization, or activity. In oriental societies, older adults are highly respected. In European families, the decision makers are the grandparents and great-grandparents of the house. In many American households and communities, older adults are also valued. Older adults have much to give and are very knowledgeable as a result of their life experiences. Listed below are ways in which older adults can adjust to changes in social activities and roles by becoming involved.

Service Projects

If older individuals are confined to a bed or wheelchair, they can stay involved by helping their communities through the following ways:

- Telephone reassurance–making daily phone calls to other older people who live alone
- Storytelling–having weekly storytelling hours for neighborhood children
- Writing–researching and recording a town's history for a local paper or writing a weekly column from an "older person's point of view"
- Political Activities–this may include addressing campaign literature or making phone calls to encourage voter registration

Social Groups

Many communities have social groups and clubs for older adults. Most local senior centers can provide a list of what is available in the area. Many clubs and groups fall into the following areas:

- Bible Study
- Cards and Games
- Crafts
- Gardening
- Hobbies
- Modified Sports
- Reading Circles
- Volunteering

Religious Activities

Devotion and prayer are major parts of many older people's lives. If an older person is unable to leave the home or facility where he or she lives, local clergy usually have suggestions for ways in which the congregation may be of assistance. There is often a need for assistance in making phone calls and mailing church literature. For older adults who are more mobile, there are Bible study groups and church, parish, or temple activities.

Local School Involvement

Class or room grandparents are becoming a growing trend in many schools. Older people can be of great service to schools by helping with events, attending recitals or plays, tutoring, providing help with reading, or being a pen pal to help better student's writing skills.

Social Events

Many older persons enjoy giving or going to parties. It gives them a chance to socialize with those that they do not see everyday. Some older adults enjoy preparing the food or decorating the table or room for the party as much as attending. Many older adults make great storytellers at children's parties and enjoy the honor.

Writing Activities

If the older person is unable to write letters, the caregiver can assist with correspondence by writing letters to family and friends as the older person dictates the letter. If the older person prefers to tape a letter into a recorder, the caregiver can help the older person keep a birthday file so friends and relative are not forgotten. The older person that enjoys the correspondence from others should be reminded that one way to receive more mail is to write more letters.

Computers offer a wide variety of activities for the older adult, especially for those with computer skills. E-mail messages can be sent and received easily. Many computers have keyboards specially designed for people with disabilities.

Telephoning and Taking Messages

The caregiver may be asked to assist the older person with making telephone calls or taking messages. The caregiver should check with the individual or the facility where employed to find out exactly how the phone should be answered. Then the caregiver should follow the basic guidelines of telephone etiquette.

The older person with impaired vision, lack of muscle coordination, or arthritic fingers may appreciate the independence created when enlarged keys and numbers are placed on the telephone. The enlarged keys fit directly over the standard touch keyboard of the phone. They are attached directly to the phone by adhesive pads.

Entertaining

The older person who enjoys social activities at home may want help with the preparations for entertaining at home. The caregiver should follow the wishes of the older person when organizing and making plans for the social function. Entertaining calls for careful organization. With limited time, an oven dinner (pot roast, chicken, Swiss steak) that requires little last minute preparation, a tossed green or gelatin salad that can be prepared in advance and stored in the refrigerator, and a simple dessert (purchased if possible) would provide an attractive and tasty meal with a minimum of work. The food choices would be dependent on whether the older person or guests were on a restricted or nonrestricted diet.

Transportation

For many older adult people, the ability to drive permits an active, independent lifestyle. Driving is particularly important in rural areas where distances are greater and public transportation may be scarce or nonexistent. Driving ability is particularly vulnerable to physiological changes that come with aging. Vision, hearing, reaction time, manual dexterity, and memory are components of driving skills which typically diminish as people grow older. Some caregivers may need to provide transportation or find services that provide transportation for the older adult.

◆ Essential Questions: ◆
Social Adjustments

1. How can a caregiver best help an older person adjust to social role changes?
2. What are some ways in which a homebound person can remain socially involved?
3. What are some groups or organizations in which an older adult may become socially involved?

Chapter Highlights

- Older adults need to belong and feel needed for their lives to be filled with meaning and purpose.
- Older persons who remain socially active are more likely to be young at heart.
- Most older adults want to be actively involved and resist the decline of their social world.
- Older adults need to find substitutes for activities that have to be given up to maintain levels of contentment, satisfaction, and happiness.
- There are many ways in which older adults that are homebound or limited by mobility can be socially active.
- Caregivers can assist the older adults with correspondence by writing letters, operating a tape recorder, and keeping a birthday file.
- The caregiver may be asked to assist with making telephone calls or taking messages.
- The caregiver should follow the guidelines of telephone etiquette when making calls or taking messages for the older person.
- Enlarged keys and numbers placed on the telephone will give greater independence to the older adult with impaired vision, lack of muscle coordination, or arthritic fingers.
- The caregiver may be asked to help with the preparations for entertaining in a private home.
- The caregiver may be asked to help with transportation needs of the older adult.

Chapter 12

Financial Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1B Describe characteristics and care needs of older adults.
1C Identify laws, trends, and issues affecting older adults.
1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.

Chapter Vocabulary

Administration on Aging (AoA)
Daily Money Management
long-term care insurance
Medicaid
Medicare Managed Care
Medigap
Original Medicare
pensions
Social Security
Supplemental Security Income

Financial resources affect older adults in all areas of living. Social security benefits alone will not cover the costs of living. Medicaid and Medicare, government-sponsored programs that help pay medical expenses, are often not adequate. Many pension and retirement plans are not always able to meet the increased financial needs caused by inflation.

A lack of basic money management skills can create costly mistakes. Planning for a secure future involves the ability to make sound and informed financial decisions when buying food, clothing, housing, medical services, or any other basic expenses.

ECONOMIC SECURITY

More than 70 percent of all older adults with incomes below the poverty level are women. According to the Administration on Aging, what is perhaps even more significant is that more than half of older widows now living in poverty were not poor before the death of their husbands. Poverty increases with age, especially among older women of minorities and older women who live alone.

While women are at greater risk of living in poverty, the risks they face heighten with age. Older women today will live out their

DID YOU KNOW?

As people grow older, their major concerns revolve around safety, security, and health. When older adults think about security, it is usually "economic security" - having enough money to live comfortably in their own homes, enjoy a few pleasures such as eating out or going to the movies, and having a little money left over when they die to give to their grandchildren. Personal safety is related to security since older people want to be able to afford to live in a safe neighborhood. Older adults also are concerned about having enough money if they should become sick or disabled.

lives as widows. Their primary source of income will be Social Security. Social Security benefits for older women are often lower than for their male counterparts, due typically to lower wages and extended workforce absences caused by family caregiving and other responsibilities. The sporadic employment history of many women makes it difficult for them to establish pension eligibility.

In Texas, as in the rest of the United States, people over sixty-five have generally done better financially in each of the post-World War II decades. However, U.S. Census bureau figures indicate that approximately 14 percent of Texans sixty-five and older are still below the poverty level, and 15.5 percent are classified as "near poor," with incomes no better than 25 percent above poverty. The most alarming statistic is the widespread poverty among people seventy-five and older; 44.9 percent of these older adults have $10,000 or less in annual income; and 60.4 percent have $15,000 or less.

Most individuals do not realize that Social Security pays the average person about 40 percent of their earnings when they retire at age sixty-five. Only one-third of people now employed try to learn how much they must save to achieve a comfortable retirement. Of these individuals, it is estimated that 42 percent are unsure about how much they will need to save.

It is estimated that approximately one-third of retired persons in the United States receive a pension check from their employers. ***Pensions*** are funds paid to retired employees who paid into a pension fund while they were employed. Many pension funds require that an employee be employed for a certain length of time without interruption.

The technical language and numerous qualifications associated with their pension plans often confuse many people. The Administration on Aging and other nonprofit organizations offer pension counseling programs to provide older adults information and expert advice.

◆ *Essential Questions:* ◆
Economic Security

1. Why are women more vulnerable to living in poverty than men?
2. What percentage of retired persons receive pensions?
3. Why is it important to plan for a secure future early in life?

FINANCIAL ASSESSMENT

One of the most difficult tasks is for the older adult to assess and address financial matters in order to properly plan for and anticipates financial demands. This assessment may be done by the older adult or with the help of a professional or a trusted family member. Many older adults are interested in maintaining control over this very private area of life. They may not want to disclose much information about financial status, assets, and liabilities. The older adult, however, is faced with the challenge of meeting financial obligations in a world of escalating costs of living.

Low-income people typically need to give more attention to debt management, spending patterns, savings strategies, and eligibility for assistance programs. In contrast, higher income individuals are more concerned about investing their savings (portfolio management), coping with tax issues, and understanding estate-planning options.

Some problems confront all people. Individuals at all income levels need to deal with the problems arising from inflation. Everyone needs to keep abreast of ever changing employer sponsored pension options and the changes in plans that may cover them. The threat of losing money at the hands of con artists or incompetent advisors frightens everyone.

◆ Essential Questions: ◆ Financial Assessment

1. Where can older adults receive assistance in assessing their finances?
2. Who typically needs to give more attention to financial assessment?

FEDERAL PROGRAMS

Social Security

Social Security is a federal program under the direction of the Social Security Administration. This program is designed to give retired or disabled individuals some source of income. Full-retirement age has been sixty-five for many years; however, beginning with people born in 1938 or later, that age will gradually increase until it reaches sixty-seven for people born after 1959. Retired employees who paid into Social Security for a certain number of quarters are eligible for benefits. These benefits are paid monthly. A spouse, widow, or widower of an eligible employee can also receive Social Security benefits.

Supplemental Security Income

Supplemental Security Income (SSI) is another federal program administered through Social Security offices. The purpose of this program is to help people who are sixty-five or older, blind, or disabled with extra income. It is not necessary to have worked and paid into Social Security to receive these funds.

Original Medicare

Original Medicare is a federal program that helps older people (65 and older) in paying their medical bills. Coverage is divided into two parts. Part A of Medicare is Basic Hospital Insurance and is provided for almost everyone 65 years and older. It is paid by mandatory social security taxes taken from salary while working. In Original Medicare, a fee-for-service program, the older person can go to any doctor or hospital that participates in Medicare. Medicare will pay the doctor or hospital directly for eligible services they provide Medicare does not cover most long-term care costs.

Figure 12.1, What Is Not Covered by Medicare?, lists some of the services that are not provided by Medicare.

WHAT IS NOT COVERED BY MEDICARE?

- private duty nursing
- hospital telephone and television
- most prescription drugs
- custodial care at home
- most chiropractic services
- care outside the united States
- hearing aids
- experimental procedures
- dental care
- private hospital room
- custodial care in a nursing facility
- most preventive care
- cosmetic surgery
- acupuncture
- vision care

Figure 12.1

Part B of Medicare is paid equally by participants and the federal government. Usually, the premium for Part B is automatically deducted from the individual's Social Security check. This provides basic medical plan benefits and helps pay for physician services, outpatient hospital care, and laboratory services.

Medicare Managed Care

Medicare Managed Care is a system of care that includes both an insurance plan and a group of doctors and hospitals under contract with Medicare to provide care to people on Medicare. The selected managed care plan is paid a fixed amount of money from Medicare every month and must provide all benefits provided by Original Medicare. When joining a Managed Medicare Plan, the individual agrees to receive their care from the plan's doctors and hospitals.

Medicaid

Medicaid is designed by the federal government as a state program to help those who need and qualify for medical assistance. It is administered by states and subsidized by the federal government. About 50 to 80 percent of a state's Medicaid costs are paid by the federal government, depending on the state's average income of residents.

Medicaid helps pay for nursing home care and a limited amount of home and community-based care for people with limitations in daily activities or meeting daily needs who are poor or have become impoverished. Some people who enter nursing homes are not eligible for Medicaid but eventually become impoverished and must turn to Medicaid for assistance. It is reported that the majority of people living in nursing homes are on Medicaid to finance at least some of their care.

Each state must meet the standards set by the federal government to participate in the Medicaid program. However, each state has different eligibility requirements for a person to qualify for Medicaid, and each state has the freedom to choose what medical services will be provided.

Medigap (Medicare Supplemental) Insurance

Medigap insurance policies fill some of the gaps in Original Medicare coverage, such as the 20 percent coinsurance payment for doctor's services. There are ten types of plans, labeled A through J. Each plan type covers the same services no matter which company offers them.

Administration on Aging

The ***Administration on Aging (AoA)***, is the only federal agency dedicated to planning and delivering services to older Americans. The agency cares about the quality of health care provided to older adults and is committed to reducing waste, fraud, and abuse in the Medicare and Medicaid programs. According to the Administration on Aging, in 1998, "Medicare lost nearly $14 billion to fraudulent or unnecessary claims. The problems affect everyone, not just older adults. It affects those individuals on Medicare and Medicaid by decreasing the quality of care they receive. It affects caregivers by decreasing the funding available for important programs. It affects everyone who pays taxes by wasting tax dollars."

◆ ***Essential Questions:*** ◆
Federal Programs

1. What is the difference between Original Medicare and Medicare Managed Care?
2. How does the Social Security program help the older adult?
3. What is the purpose of Medigap?
4. What is the purpose of the Administration on Aging?

FINANCIAL PLANNING/ RETIREMENT PLANNING

Financial planning must be started early in life to build up savings and investments for the later years. People need to take advantage of all the information available to them as they plan ahead for their financial security. As people reach an older age, they should reevaluate their investments.

One of the growing trends in the United States is utilizing the services of a professional financial planner who can assist the older adult in preparing for financial security and well being.

A good financial planner will review the older adult's total financial picture and offer advice about what might make their money work for them in the most advantageous ways.

As with any individual that is consulted for advice, it is important to carefully check the financial planner's credentials. Be aware of planners who promise instant financial riches. Building a secure financial future is not accomplished overnight or with one single investment. Financial planning is a process that requires diligent continual attention.

◆ ***Essential Questions:*** ◆
Financial Planning/ Retirement Planning

1. Why is it important to start financial planning early in life?
2. What advice would you give someone looking for a financial planner?

LIFE INSURANCE

Life insurance can provide cash to offset immediate expenses following the death of the insured. Such expenses might include the cost of final illness and funeral expenses. It can be earmarked for special needs such as paying off a mortgage or loan balance or helping to cover educational expenses.

Proceeds of life insurance can be used to help replace the income lost following the death of a wage earner and to provide financial support for a surviving spouse until Social Security or pension benefits become available. It is an ideal way to leave a legacy to a family member or even a favorite charity. Life insurance can increase a spouse's retirement nest egg or help children and grandchildren get a better start in life.

In buying insurance, it is wise to not let anyone rush the buyer into making a decision before they fully understand the policy that they are considering. The individual also needs to feel comfortable with the company and the product that they are buying.

Many policies give the buyer a "free look" period, usually from ten to thirty days, during which they can change their mind. If there is a problem or complaint about the insurance, it is important to contact the customer service division of the insurance company. If the buyer does not receive a satisfactory response, contact the consumer affairs division of the state insurance department.

The Administration on Aging, The Texas Department on Aging, and AARP have valuable information for older adults interested in purchasing life insurance. Figure 12.2 provides guidelines to a sound life insurance plan.

◆ Essential Questions: ◆
Life Insurance

1. Why should an older adult have life insurance?
2. What are some guidelines to follow in purchasing life insurance?

3 Steps to a Sound Life Insurance Plan

Step 1.

Start by making a realistic assessment of the family's immediate, intermediate, and ongoing cash needs following the death of the older adult.

Immediate needs would typically include financial costs, medical bills, emergency fund, and other miscellaneous expenses.

Intermediate needs would include such items as taxes, mortgage balances, and educational expenses.

Ongoing needs would include all other living expenses that will continue for the family such as food, utilities, clothing, car payments, and rent or mortgage payments.

Step 2.

Once needs have been determined, consider the sources of income that will be available to the survivors.

These may include the survivor's salary, pension and annuity benefits, Social Security and/or veteran's benefits, dividends and interest, rental income, and income produced by assets.

Step 3.

Determine whether a gap exists. If there is a shortfall between the money the family will need and what will readily be available to them, life insurance (existing coverage or new coverage acquired now) can help make up the difference.

Figure 12.2

HEALTH CARE INSURANCE

It is important that the older adult have adequate health insurance coverage for medical expenses. There are many health insurance companies that offer various types of policies. When choosing a policy, it is important to shop around and compare the policies of several companies. Access to affordable heath insurance is often tied to employment and marital status. This puts many older women at a definite disadvantage. Older women are more likely to be unemployed and they are more likely to work part-time and in businesses that do not offer health insurance benefits. Dependence upon a spouse's plan makes them vulnerable in the event of separation, divorce, or their spouse's retirement, unemployment, or death.

Even with Medicare and Medicaid, older women spend a high percentage of their disposable incomes on out-of-pocket health care expenses. For older women with lower incomes, the percentage can be as much as 25 percent.

Managed care combines health insurance with the delivery and care and provides an alternative to traditional indemnity insurance. There are many different models of managed care organizations such as health maintenance organizations (HMOs), individual practice associations (IPAs), preferred provider organizations (PPOs), point-of-service models (POSs), and provider service sponsored organizations (PSOs). While these models differ, they do have several common characteristics: limited providers, negotiated provider reimbursement, and some form of utilization review. Managed care has become the major health care delivery system in the United States.

◆ *Essential Questions:* ◆
Health Care Insurance

1. Why are women at a disadvantage when it comes to affordable health care insurance?
2. What are some of the models of managed care organizations?

LONG-TERM CARE INSURANCE

There are a growing number of people in the United States that are buying ***long-term care insurance*** policies to retain their independence, to guarantee choice and access to services, and to protect their assets and standard of living. Sales of such policies have risen in the past few years. Long-term care insurance has been available in the U.S. only since the early 1970s.

According to the United Seniors Health Cooperative, nearly six million people need long-term care. This number will increase as more people survive illnesses that previously were fatal. At the present time, the average cost for care in a long-term care facility in the United States is $40,000 to $50,000 a year.

Only about 20 percent of the many Americans currently receiving long-term care live in long-term care facilities (nursing homes) or similar facilities. Many older individuals require extensive coverage in their own homes.

For most long-term care insurance policies, benefits start after a person has demonstrated an inability to perform at least two activities of daily living, such as bathing, dressing, eating, or going to the bathroom. The coverage is not inexpensive as the policies may range from $900 to more than $8,000 a year. It is recommended that individuals not spend more than 7 percent of their annual income toward the costs of the coverage.

People may be able to buy private long-term care insurance, but for many it is unaffordable. Long-term care insurance is medically underwritten, so even some people who can afford it are denied coverage due to preexisting medical conditions. Insurance companies usually will not provide long-term care coverage for people who have multiple sclerosis, Alzheimer's, Parkinson's, and a variety of other illnesses or individuals who are already bedridden with physical or mental disorders.

The younger a person is, the less expensive the policy will be overall. According to experts, look for flexibility that lets the person mix and match benefits and premium levels so that the individual only pays for the options that they need. Some features to ask about might include: long-term care facilities, assisted living, home health care, adult day care, informal care, medical equipment, and home modification.

According to Consumer Reports, long-term care insurance may not be for everyone. Older adults who qualify for Medicaid or will qualify soon after entering a long-term care facility or those who can set aside approximately $160,000 for their care and still have enough left over to provide for their spouse probably do not need to consider the coverage. For the majority of people, long-term care insurance is an option worth looking at.

◆ Essential Questions: ◆
Health Care Insurance

1. What are some of the advantages of having long-term care insurance?
2. What are some of the limitations in acquiring long-term care insurance?

HOSPITAL, DOCTOR, NURSING, AND DRUG PRESCRIPTION COSTS

As the older adult experiences some of the stages of aging, regular health care costs become a part of the older adult's budget. More and more money is needed for medical and over-the-counter medications and preparations. If the older adult needs assistance of a home health nurse or attendant, this can be a financial burden if insurance does not cover the expense.

That costs of hospital and other medical services continue to escalate, and the older adult is usually faced with tremendous bills for medical expenses. The cost of prescription drugs has put needed medicine out of easy reach of many older Americans. Political and industry leaders continue to work in making prescriptions and long-term care costs more accessible to older adults. Hopefully, older adults will get some relief with their medical expenses in the near future.

◆ Essential Questions: ◆
Hospital, Doctor, Nursing, and Drug Prescription Costs

1. Why have health care costs risen so much in the past few years?
2. How can political and industry leaders help alleviate the rising costs of health care?

DAILY CARE

The older adult faces the financial crunch of day-to-day living expenses and has to allow for the rising costs of food, housing, recreation, and other costs. According to the AARP, "Americans faces a major health and long-term care challenge in coming years as the population ages and people live longer lives. The country lacks a comprehensive long-term care system that serves the needs of millions of older persons with disabilities. Instead, long-term care today consists largely of uncoordinated, fragmented, and costly care paid for by patients, their families, and in limited circumstances, public dollars. Millions of vulnerable Americans are denied access to long-term care services because they cannot pay for services, do not qualify for public funding, or cannot find the types of services they need and can afford.

People of all ages prefer to receive long-term care services in their own homes whenever possible or in homelike environments, such as supportive housing or assisted living facilities. The majority of long-term care is provided by informal caregivers, that is, unpaid family members and friends."

For more information on the day-to-day living expenses, refer to Chapter 24.

◆ Essential Questions: ◆
Daily Care

1. Inflation has impacted the costs of health care. How has inflation affected day-to-day living expenses?
2. Why are older Americans so vulnerable to these rising costs?

DAILY MONEY MANAGEMENT (DMM)

Daily Money Management is a service that provides help for individuals who have difficulty managing their financial affairs. According to AARP, it can meet a range of ordinary money management needs from organizing and keeping track of financial and medical insurance papers to establishing a budget, helping with check writing and checkbook balancing, and serving as a representative payee or fiduciary. DMM enables older person to retain their dignity and independence while being freed from the worry or hassle of handling their own finances.

Some DMM managers also help arrange other types of assistance, such as finding in-home care or making medical appointments. In some cases, DMM may be court ordered, but the person who needs it usually requests it.

DMM has generally been provided by nonprofit organizations. Recently, many providers are charging a fee for DMM services. Most daily money managers charge an hourly fee for their services which may range from $25 to $100 depending upon the complexity of the older adult's financial affairs.

◆ Essential Questions: ◆
Daily Money Management

1. What is the purpose of the Daily Money Management service?
2. Who pays for the DMM services?

Chapter Highlights

- ☆ Financial resources affect older adults in all areas of living.
- ☆ Social Security is a federal program under the direction of the Social Security Administration that is designed to give retired or disabled individuals some source of income.
- ☆ Original Medicare is a federal program that helps older people (sixty-five and older) in paying their medical bills.
- ☆ Medicare Managed Care is a system of care that includes both an insurance plan and a group of doctors and hospitals under contract with Medicare to provide care to people on Medicare.
- ☆ More than 70 percent of all older adults with incomes below the poverty level are women.
- ☆ Medicaid is designed by the federal government as a state program to help those who need and qualify for medical assistance.
- ☆ Medigap insurance policies fill some of the gaps in Original Medicare coverage.
- ☆ The Administration on Aging (AoA) is the only federal agency dedicated to planning and delivering services to older Americans.
- ☆ Life insurance can provide cash to offset immediate expenses following the death of the insured.
- ☆ A good financial planner will review the older adult's total financial picture and offer advice about what might make their money work for them in the most advantageous ways.
- ☆ It is important that the older adult have adequate health insurance coverage to medical expenses.
- ☆ Daily Money Management is a service that provides help for individuals who have difficulty managing their financial affairs.

Chapter 13

Clothing Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
5E Identify considerations when selecting housing, furnishings, clothing, and transportation for older adults in various levels of functioning.

Chapter Vocabulary

accessories
bootjack
buttonhook
clothing adaptations
dexterity
dressing stick
long shoehorn
incontinence
overcoat hanger
physiological needs
psychological needs
self-help aids
sleeve anchor
sociological needs
sock sticks
stocking or sock aids

As a person ages, agility usually decreases. Proper clothing for this time in life is vitally important to one's overall well-being and is receiving greater attention from older consumers, caregivers, and others who work with this age group. Emphasis is being placed on helping older adults make good clothing choices.

Attractive clothing that fits well is important for older consumers, but they also desire clothing that improves functional independence, offers ease in dressing and undressing, provides physical and thermal comfort, remains adaptable for individual needs, and contributes to ease in performing routine tasks.

CLOTHING NEEDS FOR THE OLDER ADULT

Physiological (physical) needs change as changes in the body occur. There is often an increase in weight and fat deposits around the waist, stomach, and hips. The expanding waistline causes the body to appear almost straight from the shoulders to the hips. The aging body tends to grow shorter and a stooped posture becomes noticeable. Frequently, older people become larger in the bust and tend to develop a protruding abdomen. Due to physical changes in the body, the caregiver must pay special attention in selecting clothing for the older adult as garments can either minimize or maximize these body changes.

These changes may occur gradually but will eventually lead to a needed alteration in the fit of clothing. Also, there may be other challenges associated with aging that can compound the inability to perform tasks that were once routine. Arthritis is an example of such a condition. There can be a gradual lessening of hand use. Because of occasional pain, reduced ability to perform some tasks, and reduced energy, arthritis patients find it increasingly difficult to pull on some garments and to manage their closures, such as buttons and zippers.

Another condition is ***incontinence*** (the ability to control urinary or bowel function). It is reported that some one million Americans have urinary incontinence and that it is twice as likely to affect women as men.

Sociological (social) needs also change with each stage in life. Society usually defines what is appropriate dress for different age groups. Society either accepts or rejects one's dress depending on whether it conforms to society's standards. An older woman wearing a bikini would not conform to the standards set by society, and this would be considered inappropriate and unacceptable for her age. The standards in dress for an individual vary with age, sex, social status, geographic location, occupation, and economic level.

Psychological needs in clothing help to develop a good self-image and self-concept. Individuals of all ages, including the older adult, select clothing that will obtain a positive reaction from significant others. A person's clothes give a sense of identity. Attractive, comfortable clothing can add to a good self-image and personal dignity. Being nicely dressed also helps with personal morale and adds to a sense of responsibility. Many older persons lead very active social lives, and like younger people, they want to be fashionable and maintain a good personal appearance. They want their clothing to be made out of beautiful and durable fabrics, easy to put on, easy to care for, stylish, comfortable, and affordable.

◆ *Essential Questions:* ◆
Clothing Needs for the Older Adult

1. What are three ways that clothing needs can be classified?
2. How do the physiological needs of an older adult change in the aging process?

SELECTING AND COORDINATING CLOTHING FROM THE WARDROBE

Older adults should be encouraged to select their own clothing for daily wear. This personal decision helps to enhance a sense of identity and adds a sense of security and independence. However, due to physical or emotional reasons, the caregiver may need to assist in selecting and coordinating clothing from one's wardrobe for daily wear. Some old persons may be color blind and have a difficult time seeing and distinguishing different colors. Color blindness makes it difficult to mix and match colors to achieve an attractive color scheme. Others may not have the strength to select their own clothing.

Suitable clothing should be selected according to the types of activities the person will be involved in each day and according to the weather. Personal preference should be considered first when the older person describes what he or she wants to wear each day. It is also important to select clothing that looks nice on the individual and is comfortable.

Certain activities will call for casual dress and others for a more dressy appearance. The caregiver should be aware of the older person's needs and activities each day. The older person may want to dress more formal when attending religious activities and more casual for visiting friends or staying at home.

The caregiver can assist the older person in extending the present wardrobe by mixing and matching clothing, using accessories, and using color wisely. Mixing and matching is a creative and fun way to make more outfits from one's current wardrobe. By combining different blouses, pants, skirts, and other clothing items, a variety of outfits can be assembled.

A small or limited wardrobe can be stretched by the smart use of accessories. Accessories include, but are not limited to, items such as jewelry, scarves, belts, hats, neckties, purses, or shoes. ***Accessories*** add variety to a wardrobe and can dress up an outfit or make an outfit more casual. Accessories can also help to coordinate an outfit. If navy pants and a white shirt are selected from one's wardrobe, a scarf with navy in it will give a coordinated look to the outfit. Often, the older person may not think of using accessories to extend or coordinate outfits; this is where the caregiver can be of great help. Accessories are also useful when trying to hide figure problems or to draw attention away from the problems. For example, wearing bright jewelry around the neck can draw attention away from large hips. A scarf or necktie can help to hide wrinkled or dry skin on the neck.

Color can also draw attention to or away from a particular part of the body and can make the body appear larger or smaller. Bright colors call attention to the area where they are used. Lighter colors make the body look larger and darker colors make it appear smaller. Large hips will appear smaller if a dark-colored skirt or pair of pants is selected.

Bright colors have been found to give a psychological lift and a feeling of self-confidence. Some examples are true tones of blue, red, or green.

Color is very powerful and can affect one's mood, feelings, and looks. Red is considered a vibrant color and can make one feel full of energy. Figure 13.1 lists a few of the feelings one gets from different colors.

Colors	***Feelings Projected***
Orange	warm, cheerful
Yellow	bright, cheerful
Green	refreshing, restful
Blue	cool, calm
Black	sophisticated, mysterious
White	cool, serene
Red	bright, vibrant

Figure 13.1

If the caregiver is aware of the older person's feelings and needs, choosing different-colored clothes from the existing wardrobe can help to cheer, calm, or make a person feel good. When individuals feel tired and worn down, a red shirt may make them feel more energetic, or a green blouse may help them feel refreshed and rested.

Everyone has a favorite color or two. The caregiver should be able to identify the older person's favorite color by studying the wardrobe. There will probably be one or two dominant colors. People choose certain colors because they look good on them and they are in fashion. A person's skin tone determines which colors look best on them. It is best to experiment with colors to find out which are the best for one's skin tone, hair color, and eye color.

Guidelines the caregiver should follow when selecting and coordinating the older person's daily clothing include the following:

- Let the older person have first preference when choosing clothes to wear.
- Discuss the person's activities for the day, and decide if casual or more dressy clothing is appropriate.
- When appropriate, suggest dressing according to the weather unless all activities will be indoors.
- Choose clothing that looks nice on the person, makes the individual feel good, and is comfortable.
- Mix and match clothing to create several different outfits.
- Use accessories to create a coordinated outfit.

◆ Essential Questions: ◆
Selecting and Coordinating Clothing From the Wardrobe

1. How can caregivers assist older adults in selecting clothing from the older adult's existing wardrobe?

2. How can accessories and color be used in the wardrobe of an older adult?

DESIRABLE FEATURES IN READY-TO-WEAR CLOTHING

Older people spend only about six percent of their income on clothing and generally have smaller wardrobes than other age groups. Choosing good designs, especially in ready-to-wear clothes, is important for maximizing a limited wardrobe. Good clothing design features and fabric offer helpful adaptations:

- Larger openings accommodate added neck fullness and forward head position. Larger opening are also easier to pull on and off.
- V-necklines offer greater comfort to the neck area, especially when leaning forward.
- Full center/front openings promote easier dressing and undressing.
- Raglan or kimono sleeves often provide greater comfort around the upper arm area.
- Elastic waists offer convenience and greater comfort.
- Easy-to-close fasteners can make a major difference in ease of use, especially with the loss of dexterity. Some examples of easy-to-use fasteners include larger than average buttons, large zipper tabs, large hook-and-loop fasteners, and hook and loop strips.
- Lightweight yet warm fabrics are usually preferred because of older adults increased sensitivity to cooler temperatures. Light but well-insulated fabrics give warmth without added weight.
- Soft and smooth textures that are easy to care for are often easier to pull on and handle.
- Undergarments that offer easier wearing are those with front closures and wider straps. Boxer shorts are recommended for men, and cotton jersey briefs are recommended for women. Knee-high hose and over-the-knee hose could present circulatory problems.
- Shoes should be comfortable, lightweight, and easy to pull on. Orthopedic shoes offer additional support.
- Clip-on ties are easier to put on, but if men prefer regular ties, leave the knot tied and slip the tie over the head.

Other ready-to-made clothing choices may include:

- Shift-type dresses without a defined waistline camouflage a thickened waistline. Garments with soft fullness in the bodice area de-emphasizes the bust line, which often drops.
- A-line skirts make a thickened waist appear smaller.
- Trousers should have more wearing ease. Elastic waistbands, long center/front closures, and large pockets are good choices.

- Soft fullness at the back will help accommodate a rounded back, forward shoulders, or a dowagers hump.
- Set-in sleeves can be somewhat restrictive unless they have large openings. Also avoid center/back closures and small buttons.

Fabric

Strength of fabric is needed to withstand strain or abrasion. Reaching, pulling, bending, and using a walker or wheelchair are just a few of the activities that cause strain on clothing. Abrasion is caused by continuous rubbing such as when using crutches or a brace. Stretch fabrics, such as knits and stretch wovens, can withstand reaching and pulling motions and will hold their natural shape. Stretch fabrics are also very comfortable, especially when a soft and smooth texture is chosen. A natural fiber, such as cotton, is comfortable and absorbent but does not stretch or give like knits do. Wool fabrics supply warmth but may be itchy and irritating. All-season fabrics that can be worn year-round help to cut down on the cost of clothing.

Fasteners

Clothing should be easy to put on and to remove. The type, location, and size of fasteners will determine how easily clothing can be managed. Manipulating fasteners on garments can be extremely difficult with loss of finger dexterity or limited range of motion. Selecting or adapting garments with fewer fasteners help compensate with such problems. Generally, small fasteners, such as snaps, buttons, or hooks and eyes are more difficult to handle. Large buttons with shanks and large metal hooks with bars are much easier to handle even with limited physical strength or finger dexterity. Large metal hooks with bars are often found on men's slacks and women's skirts and slacks. (See Figure 13.2.)

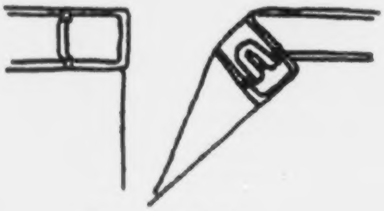


Figure 13.2

Hook and looped tape is a fastener that can be used anywhere on a garment to replace buttons, snaps, or other closures. It can also be used on belts and overshoes. Hook and looped tape consists of two layers of tape, one layer with tiny loops and the other with tiny nylon hooks. The layers are pressure sensitive and cling together when light pressure is applied. They unlock by pulling the strips apart. Hook and looped tape comes in various lengths, widths, shapes, and colors. It can be purchased at fabric stores and most department stores. (See Figure 13.3.)

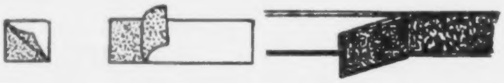


Figure 13.3

Zippers can also be used to replace other types of fasteners. Large decorative zipper pulls are easier to grasp and can be made of a fabric loop, or a metal ring may be attached to the tab. (See Figure 13.4.)

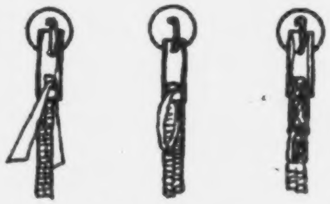


Figure 13.4

Magnetic fasteners are also used to replace other types of fasteners. Magnetic fasteners require very little force to fasten or pull apart. A tiny magnet holds the fastener together. (See Figure 13.5.)

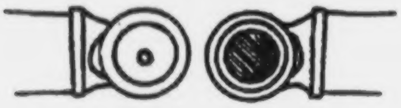


Figure 13.5

Slip-on shoes are more convenient than lace-ups. Hook and looped tape fasteners can be found on shoes. (See Figure 13.6.)

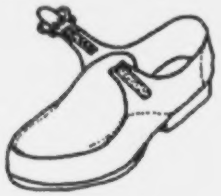


Figure 13.6

Design and Style

Good design of garments can make dressing and undressing easier and assistance from the caregiver easier. Front or side openings are more accessible for those with a limited range of motion and reach. Openings that are easy to manage and reach will reduce the time and stress involved in dressing. Wrap-style garments, such as dresses or skirts, require little physical exertion. Most pullover styles are not recommended for the older person with decreased strength and limited range of motion.

Comfort

Comfortable clothing is essential for older adults. Garments should be the correct size so that they fit well; however, clothing in a size larger may be more comfortable in a situation where there will be a great deal of strain. Clothing should be full enough for ease of movement in the sitting and standing positions. Clothing that is too tight or rides up on the body is uncomfortable and unattractive. As pointed out earlier, knit fabrics and stretch woven fabrics offer ease of motion. Comfortable, proper fitting shoes and socks are equally needed by the older person. Shoes with low, wide heels offer the best support and comfort. Shoes made of soft leather or other soft material offer the greatest comfort. Cotton socks are comfortable and absorbent compared to nylon. Nylon socks and stockings are often too tight and interfere with circulation. Cotton or cotton blend underwear is also recommended because of its comfort and absorptive quality.

Safety

Safety is another aspect to consider when selecting clothing for the older person. Falls and burns are the most frequent accidents involving clothing and footwear. According to the National Safety Council, falls are the number one killer in the home. Eighty percent of the fatal falls at home occur among people in the sixty-five and over age group. The percentage increases even more for those in the seventy-five and over age group. Burns are the second cause for the largest number of accidental deaths following falls. Almost half of the accidents involve clothing.

To decrease the number of accidents caused by clothing, styles and design features need to be considered. Full-length robes or housecoats can be dangerous because feet can be hooked on the lower edge of the garment and cause one to stumble. Pants, dresses, and other garments should be at a safe, comfortable length to avoid tripping and falling. Belts and ties should be kept at a shorter length to avoid being stepped on or tripped over. Nonflammable garments should be selected whenever possible. Sleeve lengths are important because loose fitting, long sleeves can become fire hazards, get caught in doors, or cause other accidents. Fitted full-length or three-quarter length sleeves are much safer. Clothing worn in the kitchen should have no hanging parts or excess fullness that could easily come in contact with flames or surfaces of the stove. Slick-soled shoes or slippers can be extremely dangerous, especially on hard finish floors, such as tile or wood. Walking or climbing stairs in stocking feet should be avoided. If shoes with laces are worn, they should always be tied to avoid tripping over them. Shoes that are especially dangerous include high heels, wedge-style shoes, clogs, and loose fitting sandals. These types of shoes provide little, if any, support and can be very dangerous.

Cost

Due to rising clothing costs, it is important to maintain a year-round wardrobe. Clothing should be chosen that fits the needs and activities of the older person. All-season fabrics are available in a variety of beautiful colors, designs, and textures. Durable, well-made clothing will last longer than poorly constructed garments and will save time and money on purchasing additional clothing. Dry cleaning garments can be very expensive, so machine washable clothing is advisable.

◆ Essential Questions: ◆
Desirable Features in Ready-to-Wear Clothing

1. What are some desirable features caregivers should look for when assisting the older adult with clothing purchases?
2. What kinds of fasteners are easier for older adults to manipulate?
3. Why are full-length robes or sleeves more dangerous than shorter lengths?
4. How can mixing and matching garments impact a person's wardrobe?
5. How does color affect one's mood, feelings, and appearance?

CLOTHING FOR PERSONS CONFINED TO WHEELCHAIRS

Older adults sometimes need clothing styles that facilitate the use of a wheelchair. Woven stretch fabrics and knit fabrics provide the stretch needed for freedom of movement. Extra fullness is needed across the back and across the chest when maneuvering the wheelchair. Adding pleats to the front and back of a garment will provide the required added fullness. Fullness in the sleeves is also recommended for ease of movement and comfort.

Pockets on clothing should be easy to reach for the person in a wheelchair. Shallow front pockets or patch pockets are best. Pockets in side seams and back pockets are impossible to reach. Pockets can be attached to a waistline belt, as illustrated, or attached to the inside arm of the wheelchair. (See Figure 13.7.)

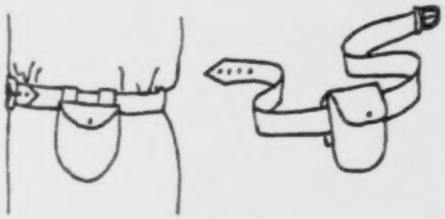


Figure 13.7

Pants should be longer for the person in a wheelchair because pants will pull up and leave a gap at the ankles when in the sitting position. Dresses and skirts should be full enough to provide comfort and long enough to cover the knees. Care must be taken when very full skirts are worn because they can get caught in the wheels of the chair. Dresses often bunch up at the waistline when in the sitting position. By wearing a two-piece outfit, a skirt and a blouse, the blouse can be worn over the skirt to eliminate the bunching. If tucked in, the blouse will eventually be pulled out of the skirt from body movement. A neater appearance is achieved by leaving the blouse outside the skirt. Elasticized waistlines provide more comfort than a fitted waistline. Wrap-style skirts and dresses are very suitable for those in a wheelchair.

◆ Essential Questions: ◆
Clothing For Persons Confined to Wheelchairs

1. What are some desirable clothing features for a person in a wheelchair?
2. How do the clothing needs of a person confined in a wheelchair differ from other older adults?

MAINTAINING THE WARDROBE

People of all ages, including older adults, want to look their best, be neat, clean, and well groomed. Often, due to physical limitations, older adults are not able to care for their own clothing. The caregiver can assist in a variety of ways with daily and weekly clothing maintenance; however, the amount of clothing maintenance assistance a caregiver can give depends on the facility or private home situation. Clothing maintenance includes washing, drying, ironing, pressing, mending, and storing clothes.

Clothes look much better and last longer when they are cared for properly. Washing results in clean garments and removes odors and wrinkling caused by wear. In doing laundry, it is important to follow basic procedures. For best results, the caregiver should follow specific steps for doing laundry as shown in Figure 13.8. The caregiver should always use a stain removal chart as a guide.

Steps for Doing Laundry

1. Read Care Label
2. Sort Clothes
3. Mend or Repair Clothes
4. Pretreat Stains on Clothes
5. Select Water Temperature
6. Select Washing Products
7. Wash Clothes

Figure 13.8

The caregiver can also prolong the life of clothing by checking for holes, tears, or weak spots in clothing and making any needed repairs. The most frequently needed clothing repairs include patching, sewing on buttons, or mending seams. Generally, the sooner a repair is made, the easier the job will be to fix. Mending should always be done before laundering to avoid further damage to the item in need of repair.

If an older person is able to manipulate a needle and thread, making one's own repairs can help build self-esteem and create a feeling of independence.

◆ Essential Questions: ◆
Maintaining the Wardrobe

1. What steps does one follow when doing laundry?
2. How can the life of clothing be prolonged?
3. When should clothing repairs be made?
4. How should an oily food stain be removed?

CLOTHING ADAPTATIONS

Clothing can be adapted to allow for decreased physical strength, limited finger dexterity, partial paralysis, limited range of motion, or other health-related or safety concerns relating to older adults. ***Clothing adaptations*** are modifications that can be made on the older adult's clothing to enable them to be more self-sufficient in dressing.

Hook and looped tape fasteners can replace zippers, hooks and eyes, and other fasteners. It can also replace the use of buttons even though the buttons remain on the garment. Velcro is sewed over the buttonhole and on the backside where the button is attached. Substituting Velcro for buttons and buttonholes gives the garment a buttoned appearance.

Back opening bras for women can be closed and reopened in front by adding hooks and eyes or hook and looped tape for the fastener. Back closures on garments, such as buttons and back zippers, can be changed to a front opening. If there is a center front seam, a zipper or hook and looped tape fastener may be added. A metal ring or decorative tab can be added to the zipper pull for easier grasping. Small buttons and buttonholes can be replaced with larger buttons and enlarged buttonholes. Buttons on slacks and skirts can be replaced with a large hook and bar or hook and looped tape. Buttons can be reattached with elastic thread so the hand can slide through the sleeve without being unbuttoned. Buttons can be reattached with thread shanks so they are easier to grasp.

Fabric that is scratchy can be lined with a soft fabric next to the skin. In ready-to-wear garments, specific areas of the garment that are scratchy can be reinforced with soft fabric.

When a garment fits too tightly, the seams can usually be let out to give additional room for comfort. When the seam allowances are too narrow to give the needed room, coordinated fabric can be inserted to provide fullness.

For a person with limited reach, fabric loops can be attached to the tops of socks and pants which can be pulled up with hooks on dowel sticks or boot hooks.

Elastic loops can be sewed to shirt or sweater cuffs for ease in dressing or undressing. By placing the loop around the thumb, a coat or jacket can be slipped on without the shirt or sweater sleeves pulling up.

◆ Essential Questions: Clothing Adaptations ◆

1. What are the purposes of adapting clothing to meet the needs of older adults?
2. How can back closures on garments be adapted to allow for more ease in dressing?
3. How can a zipper be adapted for easier grasp?
4. How can buttons and buttonholes be made easier to grip?
5. What adaptations can be taken for a fabric that has a scratchy feel to the individual?
6. What adaptations can be made to the garment that fits too tightly?
7. How do fabric loops help the person with limited reach?
8. How do elastic loops add to the ease of dressing and undressing?

DRESSING ASSISTANCE

Many older people are quite capable of dressing and undressing themselves. Others will need assistance from the caregiver. When instructed to assist the older adult with dressing, the caregiver should follow these steps:

1. Provide privacy.
2. Wash hands.
3. Gather clothing the older person has selected.
4. Assist with removing pajamas, gowns, or other clothing.
5. Assist with putting on clothing. If the person has a weak or paralyzed arm or leg,

that body part should be placed in the garment first followed by the other arm or leg.

6. After the outer garments are on, assist with the shoes and socks. Different methods of dressing will have to be adapted to individual needs. The caregiver should encourage older persons to be as independent in their dressing as possible.

◆ **Essential Questions:** ◆
Dressing Assistance

1. What steps should caregivers follow in helping older adults dress and undress?
2. Why should caregivers encourage older adults to be as independent as possible?

SELF-HELP AIDS FOR DRESSING

Dressing or undressing can be a very time-consuming and burdensome task for the older adult with physical limitations and/or restrictions. Bending over to pull up socks or to tie shoes is often impossible for someone with a limited range of motion or partial paralysis. Buttoning a shirt or blouse can be frustrating and sometimes impossible for one with arthritis or poor finger dexterity. The term ***dexterity*** refers to skill in using the hands and body. Pulling on and pushing off clothing is extremely difficult when range is restricted. The ability to dress and undress with limited or no assistance from the caregiver helps the older adult to feel more independent and build self-esteem.

Constructing Dressing Aids

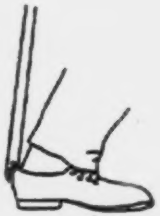
Self-help aids, which are devices used by the older adult to make getting dressed easier for them, can be purchased at hospital supply houses and specialty stores; however, most self-help aids can be made at home. There are several simple, easy-to-construct self-help-clothing aids that help to ease the task of dressing for the older person.

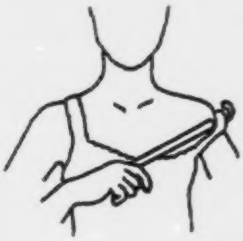
The self-help aids have a wide range of use and cover a wide range of disabilities. Some of the gadgets have no commercial equivalents, are fairly easy to make, and are made with inexpensive materials. For example, the bootjack, which makes removing boots or shoes easier when strength or range is limited, may be less expensive to buy than make.

Some older persons will take pride in assisting in the construction of these dressing aids. It will help to boost their personal morale and self-esteem if they are able to help build a self-help aid gadget.

Also, by making one's own clothing aids, the aids can be made to meet the individual's specifications. Purchased aids often come in just one size, style, and length. For example, a homemade dressing stick can be twelve inches or twenty-two inches in length depending on individual needs. Most of the aids are fairly simple and fun to construct.

Dressing Stick. A ***dressing stick*** is used to aid in pulling on or pushing off clothing when range of motion is restricted. This is very useful for pulling on socks and stockings, pulling up straps, or lifting a coat off the shoulder. It is also helpful for pulling zippers or tightening shoelaces. The stick has uses other than assisting in dressing, such as maneuvering objects beyond reach such as a light switch or cups on hooks.





Materials:

- 1/2" x 5/8" wood desired length (that is 15", 21")
- cup hook – 7/8" to 1 1/2" size depending on preference
- a small magnet may be attached at one end to facilitate picking up pins and other small metal objects

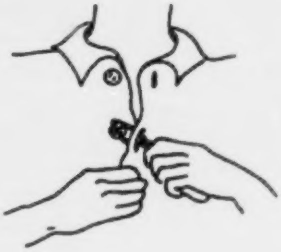
Alternatives:

A wire clothes hanger pulled into a long loop makes a versatile aid, which serves many of the same purposes as the dressing stick.

Buttonhook. A ***buttonhook*** is a wire device used to facilitate buttoning when dexterity and reach are poor or there is only the use of one hand.

Materials:

- handle made of wood, dowel, plastic, or other material
- fine wire



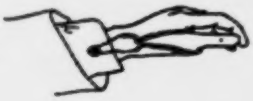
Method:

1. Slide the loop of the buttonhook through the buttonhole and place it around the button.
2. Pull the button through the hole.

Sleeve Anchor. A ***sleeve anchor*** is a device used to keep the jacket sleeve from crawling up when pushing the arm into an overcoat. It avoids having to grip the edge of the sleeve.

Materials:

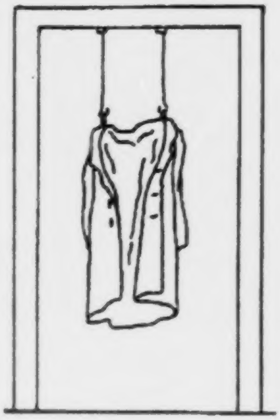
- rubber band
- wire loop (e.g., re-bent paper clip) big enough to fit over jacket button



Method:

1. Attach wire loop to rubber band.
2. With jacket on, hook loop over button, then slip elastic over thumb before putting arm into overcoat.
3. Carry in pocket so it is handy when needed.

Overcoat Hanger. The purpose of an ***overcoat hanger*** is to support the overcoat so that the shoulders are relieved of the weight from the coat when putting it on.



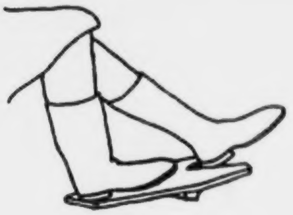
Materials:

- two strong staples fastened to the top of a door frame – a shoulder's breadth apart (Rings on a clothes closet rod will also work.)
- two strong cords
- two strong hooks
- loops made of shoelaces

Method:

1. Attach the strong cord to each staple.
2. Then attach the strong hooks to each cord.
3. Sew the loop made of shoelace inside the coast, under the lapel so as to be invisible from the outside.
4. Hang coat on the hooks so that it is at shoulder level.
5. Back into the coat, pushing arms into sleeves.
6. Undo hooks.

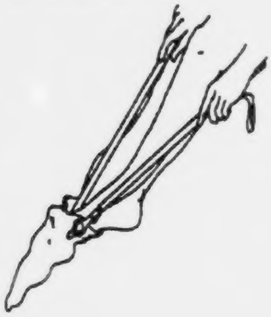
Bootjack. A ***bootjack*** assists in removing boots or shoes when strength or range is limited.



Materials:
- A platform - 15" x 3 1/4"   5 1/2" x 1/2"
- B support - 5" x 1 1/8"   1 1/2" x 1 1/2"
- 3 screws
- heavy rubber lining for notch

Method:
1. In a sitting position, place the heel of the boat inside the notch and pull.
2. Place the other foot flat on the platform for leverage.

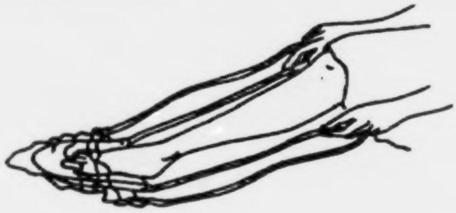
Sock Sticks. ***Sock sticks*** are used to put on socks when feet cannot be reached with hands. NOTE: Good ankle range is necessary to use these satisfactorily.



Materials: (for one pair)
- two pieces of 1/2" x 1/2" wood in length desired (e.g., 18", 27")
- two aluminum attachments (see above pattern) made from 65 ST 6.064 (14 ga.) sheet aluminum. (It should be a firm aluminum that will stand up to pressure.)
- two garters (hose attachments).
  NOTE: Metal and cloth type is better than plastic, as it has a deeper neck and will accommodate thicker material.

Method:
1. Attach a stick to each side of sock opening.
2. Lower to foot and pull sock on.
3. Release garters by pulling tape loops.

Stocking or Sock Aids. ***Stocking or sock aids*** assist in putting on stockings and socks when the hands cannot reach the feet. Stocking or sock aids enable the individual to put the socks on while sitting or standing without bending over.

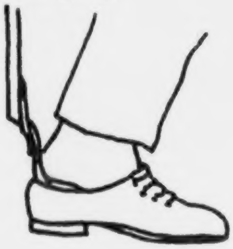


Materials:
- A, B, C – 1/2" nylon twill tape
- A, B, C – 2 garters (hose supporters)
- A, B – nylon fabric (for smooth inner surface for foot to slide on)
- A, B – canvas (for rough outer surface to grip stocking)
- A, B – 1/16" polyethylene, sandwiched between the nylon and canvas
- C – 1/8" polyethylene
  NOTE: Types A and B are suitable for stocking.

Method:
1. Sew nylon and canvas around the sides and curved end, then turn inside out to form a pocket.
2. Insert the polyethylene and sew the fabric. NOTE: Tabs of leatherette between rivet and fabric will deter tearing. Type C, which is more rigid, is appropriate for socks. Garters may not be needed.
3. Attach one garter to each side of stocking or sock top.
4. Gather stocking or sock and pull over the toe of aid; do not pull past end. This will shape aid into a trough.
5. Holding a tape in each hand, lower aid to feet.

6. Insert foot into trough.
7. Gradually pull the aid over the foot and up the leg.

Long Shoehorn. A ***long shoehorn*** is to aid in slipping on shoes when reach is limited. It may be used in conjunction with elastic or zipper shoelaces. When stabilizing the shoe is desired, two shoehorns may be used together. The extra long shoehorn allows the individual to put shoes on without bending or stooping.



Materials:
- one piece of 1/2" x 1/2" wood in desired length (e.g., 18", 24", 30")
- metal shoehorn (two for double type)
- 5" x 1/2" x 1/8" firm aluminum 65 ST 6 (to support shoehorn).

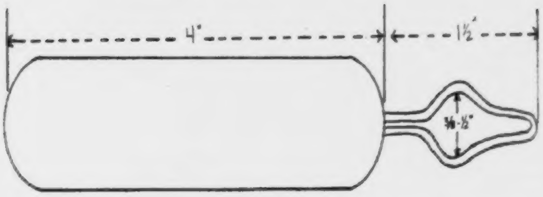
Method:
1. Bend one end of aluminum to match the contour of the shoehorn, and rivet together.
2. If using two shoe horns, separate with washers so shoe will fit between other ends.
3. Screw aluminum to wood.
4. Sand grooved end of wood smoothly so it will not snag socks.

◆ Essential Questions: ◆
Self-help Aids for Dressing

1. How can self-help aids meet some of the dressing needs of older adults?
2. Which self-help aid helps in slipping on shoes when reach is limited?
3. What steps are involved in making a long shoehorn?
4. What is the purpose of a sleeve anchor?
5. What clothing self-help aid would help in pulling on or pushing off clothing when range is restricted?

Self-help Dressing Aids

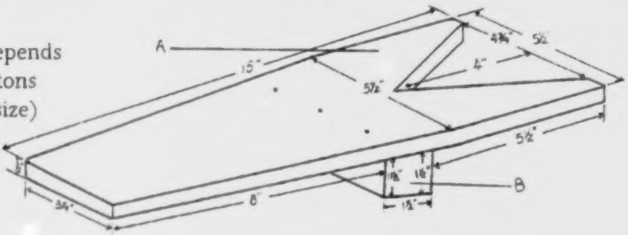
Buttonhook



length and diameter of handle appropriate to hand using it

size of loop depends on size of buttons (for medium size)

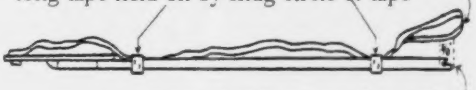
Bootjack



Sock Sticks

long tape held on by snug circle of tape

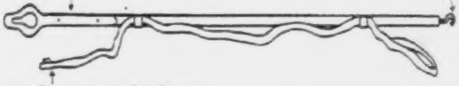
loop



one stick with groove for pushing

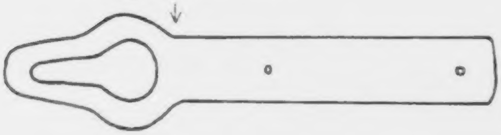
aluminum screwed onto one stick

one stick with hook for pulling

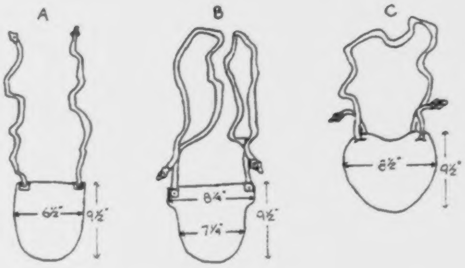


garter sewn to tape

hole must be big enough to accommodate both garter and sock

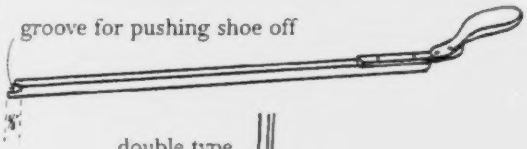


Stocking or Sock Aids

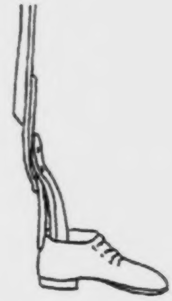


Long Shoehorn

groove for pushing shoe off



double type



Chapter Highlights

- Clothing needs are classified as physiological, sociological, and psychological.
- Suitable clothing should be selected according to the types of activities the person will be involved in and according to the weather.
- Mixing and matching clothing using accessories and using color wisely can extend a wardrobe.
- When purchasing clothing, features to consider include fabric, fasteners, design, comfort, safety, and cost.
- Clothing should be easy to put on and remove.
- Front or side openings are more accessible for those with a limited range of motion and reach.
- Falls and burns are the most frequent accidents involving clothing and footwear.
- Careful selection and coordination of clothing can emphasize one's good features and de-emphasize those that detract from a person's appearance.
- Adaptations can be made in clothes for older adults to enable them to be more self-sufficient in dressing.
- Clothing adaptations add to the person's comfort and mobility and make it easier for the person to dress and undress.
- Clothing can be adapted to meet the needs of older adults due to decreased physical strength, limited finger dexterity, partial paralysis, limited range of motions, or other health-related or safety reasons.
- Hook and looped fasteners can replace zippers, hooks and eyes, buttons, and other fasteners.
- Back closures on garments, such as buttons and back zippers, can be changed to front openings.
- Fabric or specific areas of garments that are scratchy can be lined with soft fabric next to the skin.
- Letting out seams or inserting coordinated fabric in a garment provides additional fullness for comfort.

(Continued on page 138)

Chapter Highlights

(Continued from page 137)

- ☆ Different methods of dressing assistance should be adapted to individual needs.
- ☆ Dressing and undressing can be time consuming and burdensome for older adults with limited physical limitations and/or restrictions.
- ☆ There are several simple, easy-to-construct, self-help clothing aids that help to ease the task of dressing,
- ☆ Many dressing aids have no commercial equivalents, are fairly easy to construct, and are made with inexpensive materials.

Chapter 14

Housing Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.

1H Identify resources for addressing the various needs of older adults.

5E Identify considerations when selecting housing, furnishings, clothing, and transportation for older adults at various levels of functioning.

11E Propose housing adaptations for the special needs of older adults.

Chapter Vocabulary

condominium
deteriorating
Elder Cottage Housing Opportunity (ECHO)
environment
equity
Department of Housing and Urban Development (HUD)
mobile homes
proximity
retirement communities
shared housing
thresholds
universal design

Housing needs for older adults will change as their personal situations change. An older person or couple living in a once fully occupied two or three bedroom house may need more manageable living quarters; physical capacity may require a setting with built-in services; and changing neighborhoods may require a move to an area where the older adult can continue to maintain independent living.

Several housing alternatives are available to older adults, ranging from totally independent living arrangements to arrangements for the most sheltered housing. Each type of housing has its advantages and disadvantages.

Safe and suitable is important to all persons, but it is more significant to the older individual. Security is crucial to the maintenance of morale and feelings of independence that characterize successful aging. Special

DID YOU KNOW?

- Of the 21 million households headed by older adults, approximately 80 percent were owners and 20 percent were renters. The median family income of older homeowners was approximately $20,500. The median family income of renters was approximately $11,000.
- In 1999, approximately 40 percent of older homeowners spent more than one-fourth of their income on housing expenses.
- in 1999, about 50 percent of homes owned by older person were built prior to 1960.

design features can be incorporated into housing for older individuals that will enable them to manage their own activities much more successfully.

HOUSING OF OLDER ADULTS CAN AFFECT CAREGIVERS

Housing alternatives available to older adults also affect the various duties of the caregiver. For example, helping to plan and cook meals may often be necessary in a private home, but in a retirement facility or long-term care facility, meals are often prepared by the facility or may be eaten out. Also, activities are usually planned in a retirement facility, whereas in a private home, the caregiver is responsible for helping to plan and organize activities.

Sometimes the deciding factor in selecting housing is the availability of transportation. Transportation is often provided for in retirement communities or long-term care facilities, whereas the caregiver working in a private home must make arrangements for transportation if the older adult is unable to drive.

◆ Essential Questions: ◆ Housing of Older Adults Can Affect Caregivers

1. What are four things to consider in choosing appropriate housing for the older population?
2. How do housing alternatives for older people affect some of the duties of the caregiver?

CONSIDERATIONS OF OLDER ADULTS WHEN CHOOSING HOUSING

Home ownership is one of the principal investments of older persons. The accumulated value of invested funds in a home beyond the total amount owed is known as ***equity***. Approximately three-fourths of the older adult population own their own homes and have substantial equities built up. As long as older adults are able to care for their homes, most enjoy the privacy, familiarity, and comfort they provide. Many older persons still live in the homes in which they raised their families although the homes are often too large and expensive for the older adult to maintain. Frequently, older houses are in need of repairs, and too often the owners cannot afford to have the repairs made and often lack the physical ability to make the repairs themselves. It has been increasingly difficult for older adults on fixed incomes to maintain private residences because of rising costs of home repairs, property taxes, and utilities. Although most states give a property tax break to senior citizens, housing and related costs are still too much for many older people to handle with retirement incomes. It often takes severe problems, such as a loss of a spouse or serious physical problems, before older persons will move voluntarily from their private residences.

The time to give careful thought to the growing number of housing choices available is before an emergency or crisis forces a decision. Some personal reasons that older persons have for staying in the same living arrangements include:

- Expenses of present home are not a strain on their budget, and they can meet them in the future.
- They do not expect the property taxes to increase drastically in their neighborhood.
- The house does not require expensive maintenance work, and the utility bills are reasonable.
- If they rent, they do not expect the rent they are paying to increase beyond their ability to pay.
- The climate in the present location is good.
- The neighborhood provides social and cultural activities in which they are interested.
- They are near shopping centers, their place of worship, and recreational activities of interest to them.
- They are near their doctors and medical facilities, as well as other professional services they use or need.
- The neighborhood is well-maintained and not likely to diminish in quality or value.
- They have friends nearby, and the neighborhood is quiet, pleasant, and friendly.

Some personal reasons why older persons may want to move include the following:

- Their present housing expenses are excessive and will further increase.
- The house is difficult and expensive to maintain.
- The house is too large and takes too much work to keep clean.
- It costs too much to heat or cool, and the yard requires too much upkeep.
- The house is inconvenient.
- There are too many stairs to climb.
- The bathroom, laundry, or storage areas are poorly located.
- The weather is too severe and keeps them indoors too often.
- The neighborhood is ***deteriorating*** or diminishing in quality or value.
- There is too much noise.
- They live too far away from shopping centers, place of worship and recreational activities.
- They live too far away from doctor or medical facilities, and emergency help is not readily available
- The neighborhood does not provide opportunities for the activities that interest them.
- Their children and friends have moved away and they want to be closer for companionship.

For many older persons, home ownership is an aspiration that has been pursued and accomplished. Home ownership provides a sense of satisfaction and permanence that some find lacking in rental arrangements. For others, renting an apartment may be the ideal choice. They feel there are less worries and responsibilities as they are free from maintenance chores and expenses. Smaller living space means less housekeeping. Some advantages and disadvantages of renting an apartment or owning a home are listed below:

Advantages of Renting an Apartment

- freedom to move or travel
- no maintenance
- predictable expenditures
- appliances provided
- less insurance needed

- no outside upkeep
- ***proximity*** or nearness to other people, activities, and services

Disadvantages of Renting an Apartment

- no equity
- crowded feeling
- noise from other apartments

Advantages of Owning a Home

- build up equity
- privacy
- roominess
- income tax deductions
- place for a garden or yard

Disadvantages of Owning a Home

- increasing costs
- constant upkeep
- change in neighborhood

According to the U.S. Census Bureau, the large majority of older people live in rural areas, small towns, and the poorer sections of cities. Only about 5 percent live in long-term care facilities or other institutions. Approximately two-thirds of older men, but only one-third of older women, live with their spouses since more women outlive their mates. For the same reason, older women live alone or with a nonrelative more often.

Housing is not just a roof over a person's head – it is a pattern of living. The older adult population should take a good look at their housing situation and determine if it is the best for them.

◆ Essential Questions: ◆
Considerations of Older Adults When Choosing Housing

1. Why is home ownership one of the older adult's principal investments?
2. When is the best time for an older person to make a decision on their housing situation?
3. What are the advantages and disadvantages of renting? of owning?
4. What are some personal reasons why the older population has for staying in their same living arrangements?
5. What are some personal reasons that an older person may have for moving from their living arrangements?

HOUSING OPTIONS

At some point in time, an older person may, for one reason or another, have to change living arrangements. Some of the changes in living arrangements might even involve relocating to a different town or state. Factors such as illness or financial difficulties can influence housing decisions. This section contains specific information about housing options available for consideration by older adults. Some housing options specifically address special needs that some older people might have.

Retirement Communities

Retirement communities for older adults offer a totally independent pattern of living in an organized setting. Retirement communities differ greatly, incorporating a wide range of housing options geared primarily to older adults. A retirement community may be an entire new town, a subdivision, or just one high-rise apartment building. A variety of housing designs and arrangements are available as well as a number of agreements regarding financial commitments. According to AARP, the majority of all retirement communities consist of apartment units, 15 percent are mobile home communities, and less than 2 percent are single-family dwellings.

The cost of living in a retirement community varies with the housing and activities provided. They are usually more expensive than regular apartments or other units in the community. Residents can rent and pay a monthly fee or they can purchase a dwelling in the community.

In addition to providing shelter and security, retirement communities tend to stress a variety of recreational and social activities and considerable peer mixing. The activities frequently offered include golf, tennis, card games, swimming, potluck suppers, cookouts, exercise classes, and dancing. In addition to these programs, many communities offer health services. Frequently, shopping centers and churches are conveniently located within the community itself. Transportation is often provided to shopping centers and social events outside the community.

The majority of older people living in retirement villages are satisfied with their lifestyles and ***environments*** (or surroundings). Many find renewed interest in life through community activities or programs and delight in making new friends.

For a few older people, there are negative reactions to retirement villages. Making an adjustment to the new environment is sometimes difficult. Old friends and family are frequently missed, and the lack of variety with people of different age groups bothers some residents.

Continuing Care Retirement Communities (CCRCs) offer a range of housing options and services on one campus. These communities usually consist of independent housing, assisted living, and a nursing home component. Residents who initially move into independent living can move to assisted living when they need help with activities of daily living. Residents requiring ongoing skilled nursing care can move to the nursing home component.

A CCRC is not an affordable option for many older people. Expenses are almost exclusively out-of-pocket. A large entrance fee is required, and monthly rates can be costly.

Condominiums

In ***condominiums***, an apartment or unit is purchased within the framework of a high-rise apartment building or a complex of buildings. Many complexes include recreational areas and equipment, such as swimming pools, tennis courts, and exercise facilities. Owners are responsible for both the mortgage payments on their living units and taxes on the property. After the initial purchase price, the buyer is required to pay monthly maintenance charges. These charges cover trash collection, gardening, snow removal, building repairs, staff wages, and utilities that are not individually metered.

An elected board of directors makes many decisions for condominium owners. They decide when to paint the exterior of homes, make repairs, mow the lawn, and whether owners can keep pets. It is important for older individuals to consider whether they are willing to accept somewhat restrictive rules before purchasing a condominium.

Before buying a condominium, the older person should make sure that the corporation being dealt with is credible. The credit rating of the corporation can be checked through a banker, lawyer, or Realtor.

Adult Foster Homes

Adult Foster Homes are community based residential homes regulated by the state that provide twenty-four hour care for older and disabled adults. Older and disabled persons must apply for and meet certain criteria to prove eligibility for adult foster care. General criteria include the following:

- applicant meets financial and functional eligibility
- applicant is not able to live independently due to physical, emotional, or mental limitations
- daily nursing care not required by applicant
- relatives of applicant are unable to provide shelter or care to applicant

Primary caregivers of adult foster homes live in and share a common area with those in their care. Assistance with activities such as bathing, dressing, and transportation are provided. Older and disabled persons living in foster homes pay caregivers for room and board, and the Department of Human Services pays caregivers for supervision and services given to older and disabled residing in their homes. Adult Foster Homes and caregivers must meet minimum standards preestablished by the state and are subject to monthly evaluations and inspections as well. Certified homes may serve one to three adults and licensed homes serve four to eight adults.

Board and Care Homes

A board and care home is a community-based residence that provides room, meals, help with activities of daily living, and some degree of protective supervision to residents whose physical and/or mental impairments prevent them from being able to live independently, but do not require skilled nursing care. Board and care homes provide an array of services to the residents.

They are not nursing homes. In some states, some nursing services can be provided in board and care home by staff or by outside agencies, but board and care homes are not medical facilities. Chapter 7 provides additional information on board and care homes.

Assisted Living

Assisted living is the fastest growing type of housing option, with an estimated 15 to 20 per cent annual growth rate over the past decade. It is estimated that over 600,000 people residents live in an assisted living facility somewhere across the United States. For frail older adults and adults with disabilities who need some assistance to live independently or who no longer wish to remain at home, assisted living provides an option for meeting their personal and supportive care needs. Assisted living facilities offer a range of services tailored to meet individual care needs. Assisted living provides a homelike atmosphere and is designed to accommodate residents' changing care needs and preferences. The services may include: assistance with assisted living activities (bathing and dressing), twenty-four hour security, three meals each day, medication administration, housekeeping, laundry, social activities, and an emergency call system.

Assisted living is not, as a rule, designed for persons requiring twenty-four hour skilled nursing care or ongoing medical monitoring. Regulation of Assisted Living varies from state to state. Residents typically cover assisted living fees out of their own pockets. Some states may be able to help low-income older adults pay for assisted living. Refer to Chapter 7 for more information.

Shared Housing

Shared housing provides adequate, affordable housing for older adults. Usually two or more unrelated individuals share a house, and all have their own bedroom or private space. The house is usually owned by a public or private agency rather than by any one resident.

Monthly rental fees vary depending on what tasks are done by the residents and what tasks are done by the house management. In some situations, a resident may only pay the rent. In other situations, resident involvement can include responsibility for property maintenance, housekeeping, finances, and resident selection, all of which can be exchanged for rent. Regardless of the arrangement, when responsibilities and finances are shared by several people, the expenses are significantly reduced for each individual.

Mobile Homes

According to the AARP, mobile homes account for one out of every three homes sold in the United States, which is not surprising. ***Mobile homes*** are affordable, energy efficient, and well constructed manufactured homes. Since 1976, all manufactured homes sold in the United States have been subject to the construction, durability, and safety requirements of the Department of Housing and Urban Development. Financing a manufactured home is still somewhat more difficult than financing other kinds of housing, but the situation is improving. Traditionally, manufactured homes have been financed on a retail installment contract arranged through the manufactured home retailer. Everything has been included in the purchase price—the home, its furnishings, delivery, and siting (with land costs extra). The down payment may be 15 to 20 percent of the purchase price.

Although manufactured homes may be sited on single rental or owned lots, subdivisions and condominium developments of mobile homes are increasing in popularity. These kinds of communities often cater to the older population. They are appealing because of the social and recreational facilities they often offer. Many communities provide a swimming pool, walking and cycling paths, shuffleboard courts, and a clubhouse.

Planned communities with rental sites usually range in size from as few as fifteen sites to one thousand or more. Monthly rental rates can be high in cost to low in cost depending upon the number of facilities, conveniences, and activities available in the community. Basic communities to luxurious communities are available.

Low-income Housing

Since 1962, the ***Department of Housing and Urban Development (HUD)*** has attempted to provide for the special needs of older adults. Through various programs, the Department provides federally sponsored, age-segregated public housing units; rent supplement programs; mortgage insurance; and other housing assistance programs.

Each program has its own eligibility requirements with regard to income, age, current housing conditions, and other predetermined factors. In order to receive assistance, individuals must contact the owner or manager of the housing project in which they wish to live, or the mortgage company they wish to handle a loan. The owners/managers will then make application to HUD to service the requests of the individuals.

Elder Cottage Housing Opportunity (ECHO)

ECHO is a housing arrangement that offers older persons an opportunity to live within close proximity to individuals who can help them maintain independence and privacy. An ECHO house is a separate, self-contained unit installed in the side or backyard of an existing family home. This type of housing permits closeness without sacrificing self-reliance.

Since ECHO homes are removable and reusable they are usually produced as manufactured housing. Older homeowners can easily purchase an ECHO home with the money from the sale of their mortgage-free home and have additional cash leftover to invest as well.

Long-term Care Facilities

Long-term care facilities give protective, personal, and custodial care to the older adults who are dependent but still functioning at a good level. They are usually operated by ethnic, religious, professional or labor organizations, and by private interest. According to AARP, only about 5 percent of the nearly twenty-eight million Americans older than sixty-five live in long-term care facilities.

The quality of long-term care facilities varies greatly, depending on the type of facility. Long-term care facilities range from private skilled nursing facilities to institutions staffed with personnel requiring minimum training. Most long-term care facilities provide complete food service, planned social activities, and on-site medical facilities.

Caregivers of older persons who are in need of long-term care can sometimes locate individuals who provide twenty-four hour caregiving services in their own homes. Private individuals will generally accept one to three older persons depending upon personal preference, amount of available space, and number of assisting caregivers. Caregiving services in private homes can be similar to the care provided in adult foster homes or can be specialized, detailed, and customized according to the needs and desires of the older person.

Care provided in private homes is not regulated by and does not receive financial support from the Department of Human Services nor is care reserved for low-income, disabled older persons as in adult foster care. Details concerning the quality, cost, and level of care are usually worked out between the provider and the person considering that private home facility. These private facilities may or may not be licensed.

Living with Relatives

The U.S. Census Bureau reports that less than one-third of the older adult population share the homes of younger family members. It is usually a difficult decision for an older person to move in with younger family members. Older adults often feel that they are intruding on family members.

Interpersonal relationships can grow when the older person is allowed to share in the workload and chores and when both the older person and the family unit have opportunities to function independently. Each family member should have the opportunity to participate in private social occasions and to entertain his or her own friends.

◆ Essential Questions: ◆
Housing Options

1. What are the advantages of living in a retirement community? Disadvantages?
2. What information should older person obtain before purchasing a condominium?
3. For which group of older persons is adult foster care available?
4. How would assisted living housing be described?
5. What is mean by shared housing?
6. Why do mobile homes account for one out of every three homes sold in the United States?
7. How do the low-income housing programs differ? How are they alike?
8. What are the benefits of living in a long-term care facility?
9. What percentage of older adults live with relatives?

SPECIAL DESIGN FEATURES FOR THE HOME OF OLDER ADULT

Sometimes older persons will want to make smaller changes in their home to increase their ability to move around and do routine household activities. Grab bars and handrails, seats in the bathtub or shower, and lever handles, rather than hard-to-grip round door knobs, may make the home more suited to their needs. Even expensive changes, such as enlarging doorways to allow wheelchair access or installing a shower that can accommodate a wheelchair, can sometimes be more economical than moving.

Accessible Housing Features

Any special features that are incorporated to aid the older adults in their homes should be as inconspicuous as possible to avoid an institutional atmosphere. Special design features that might be adapted to the home of an older person include the following:

- Single-story or ground floor residences are best for persons with limited mobility.
- Doors and passageways should be wide enough to accommodate a wheelchair if the need arises. ***Thresholds*** or doorsills should be eliminated.
- Floor finishes of the nonslip variety should be utilized for safety.
- Sliding doors and lever handles are easier for those who suffer from arthritis to manipulate than door knobs.
- Large expanses of glass and numerous windows are particularly beneficial because visual capacity is best in natural light; however, this increases the cost of heating and cooling .
- Artificial lighting should be increased and uniformly distributed. People over sixty need twice as much illumination as do younger age groups.
- Glare should be eliminated as much as possible because it has an adverse effect on the vision of the older person. The use of glare-resistant glass could serve to diminish the problem.
- Strong contrasting colors and textures could aid in depth perception on the part of those with vision impairments.
- Shelves should be no lower than eighteen inches above the floor and no higher than sixty-three inches.
- Open storage shelves, revolving and pullout shelves, pegboards, and magnetic catches are recommended.
- Electrical outlets at table level prevent bending over.
- Readily washable surfaces with no dust-catching projections are especially conducive to easy maintenance.
- Bathrooms need to be equipped with grab bars.
- Showers are generally preferable to bathtubs from a standpoint of safety.
- Commodes should be slightly higher than normal.
- Garden plots, porches, or balconies are important for potted plants and recreational features.

Universal Design

According to the National Council on the Aging, ***universal design,*** the concept of designing "housing for a lifetime," aims to create more functional living environments for everyone for a lifetime. People often confuse universal housing with accessible housing, which may use wider doors to accommodate wheel chairs; ramps; and pull-down cabinets to help people with specific physical limitations to live more independently.

A universal design home does not look different from conventional housing, but it does increase its usability and safety for all family members. Universal design strives to build environments that compensate for normal life changes and the differences in size and capacity seen among individuals of all ages. The home adjusts to the use rather than forcing the residents to relocate, or to not use parts of the home, or to have to hire help.

Examples of universal design features include the following:

- Task lighting helps visually impaired people but also help others cooking meals, or using workshop equipment.
- Adjustable sinks and counters respond to the needs of taller and shorter individuals, as well as those who need "sit-to-work" space.
- Single lever faucets are a convenience for busy homemakers and easier for older people who have lost wrist and grasping strength.
- Nonslip floors and surfaces increase safety and reduce glare.
- Four-to seven-inch stair risers are safer for children and older people.
- Self-regulating tub and shower valves prevent scalding.
- Electronically controlled appliances, windows, and lights serve as a safety convenience for children and adults and a means to help older adults with dementia.

Universally designed homes include features that allow easy, low-cost, or no-cost adaptations as family circumstances change. For example, reinforcing walls during initial construction allows future installation and removal of grab bars.

Advocates for older adults stress the value of the universal design movement as one strategy to support older people's preference to age in place when aging-related physical and mental frailties compromise their ability to live independently. For safety and extended self-management, experts recommend features such as seat in the shower; doorway thresholds that are flush with the floor; railings that extend beyond the top and bottom stairs; staggered stove burners that automatically turn off; built-in lights in stairwells and hallways; and first-floor bath, bedroom, and laundry facilities.

Housing is a critical factor in determining the quality of life and economic security of older persons. Well-designed, suitably located, and affordable housing can help sustain the independence of older persons and ease the burdens of disabilities that come with the aging process. Understanding the housing circumstances and conditions of older persons is important in addressing their diverse housing needs.

◆ Essential Questions: ◆
Special Design Features for the Home of the Older Adult

1. What are some design features that might be adapted in the home of an older adult?
2. What is meant by the term universal design homes?
3. What are some examples of universal design features?
4. How can living in a universal design home affect the older adult's independence?

Chapter Highlights

- Safe and suitable housing is important to all persons, but it is more significant to the life of an older person.
- Housing alternatives available to older people affect the various duties of the caregiver.
- Older persons' decisions about their housing environments are based on considerations such as individual preferences and needs, location with regard to services needed by older adults, availability and accommodations, proximity to social and recreational activities, and proximity to relatives and peers.
- Most older people prefer to live in familiar surroundings and prefer being self-directed as long as possible.
- The time for older persons to give careful thought to the growing number of household choices available is before an emergency or crisis forces them into a decision.
- Home ownership provides a sense of satisfaction and permanence for some older persons. Others prefer renting because they feel there are less worries and responsibilities.
- Several housing alternatives are available to older adults ranging from totally independent living arrangements to arrangements for the most sheltered housing.
- Home ownership is one of the older adult's principal investments.
- Approximately three-fourths of the older adult population own their own homes.
- Retirement communities for older adults offer totally independent lifestyles in an organized setting.
- A condominium is an apartment or unit that is purchased within the framework of a high-rise apartment building or a complex on buildings.
- Adult foster homes are community-based residential homes regulated by the state that provide twenty-four hour care for older and disabled adults.
- Sharing housing provides adequate, affordable housing in which two or more unrelated individuals share the house.
- Mobile homes account for one out of every three homes sold in the United States.

(Continued on page 150)

Chapter Highlights

(Continued from page 149)

- An ECHO house is a separate self-contained unit installed in the side or backyard of an existing family home.
- Only about 5 percent of the nearly twenty-eight million Americans older than sixty-five live in long-term care facilities.
- Special design features can be incorporated into housing for older adults that will enable them to manage their own activities.
- Universal design strives to build environments that compensate for normal life changes and the differences in size and capacity seen among individuals of all ages.
- Housing is a critical factor in determining the quality of life and economic security of older persons.

Chapter 15

Transportation Needs of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.

1H Identify resources for addressing the various needs of older adults.

5E Identify considerations when selecting appropriate housing, furnishings, clothing, and transportation of older adults at various levels of functioning.

Chapter Vocabulary

liable

As individuals age, changes in vision, physical strength, and cognition can contribute to a loss of self-confidence and ability to operate a motor vehicle or use public transportation systems requiring self-locomotion for access and connectivity. The prospect of losing one's mobility is equated by many to mean a loss of independence and personal freedom. When faced with this choice, some older adults risk personal injury rather than give up their driver's license.

Transportation for the older adult population often represents a major problem. Some older adults live in urban areas and mass transit services are inadequate for their needs such as shopping, getting to doctors' offices, or the hospital. As older people age, many become less mobile and are no longer able to meet requirements for a driver's license. The inadequate transportation also hinders them from engaging in comparative shopping or shopping at stores having sales. Older persons are often forced to shop at neighborhood stores where the prices may be higher. Caregivers can assist older adults with transportation needs by chauffeuring them to and from such things as appointments and stores, or by suggesting public transportation if it is available

When driving is part of the job, caregivers have a special responsibility. Caregivers may operate their own personal car, the older person's car, or a car or van provided by the care facility. Before operating any vehicle, the caregiver must possess a valid driver's license. In addition, the vehicle must

DID YOU KNOW?

- In 1997, the states spent more than $65 million on transportation services. That same year, the National Aging Network provided older people with more than 46.5 million rides to such places as the doctor, the grocery store, and adult day centers.
- The National Transit Resource Center can provide the names of local transit providers who receive federal funds to provide transportation to older Americans and people with disabilities. The telephone number is 1-800-527-8279.

be registered and insured. According to the Department of Public Safety, if the caregiver is driving his or her own personal vehicle and has an accident, the caregiver is liable for any damages. The term ***liable*** refers to being legally responsible. If the caregiver is driving the older person's automobile and has an accident, both parties are liable for any damages or injuries.

TYPES OF TRANSPORTATION

Public Transportation

Since older individuals have a more difficult time meeting the requirements for a driver's license or simply do not care to drive, they often depend upon public transportation more than other age groups. There are various types of public transportation, such as taxis, buses, trains, planes, and ships. Depending upon factors, such as one's destination and length of time available, these methods of transportation may provide adequate services for older adults.

City Buses

City buses usually operate on a fixed route and schedule. Depending upon the development of this form of mass transit, buses may provide adequate transportation for older individuals. However, this form of transportation may be uncomfortable, such as hot in the summer and cold in the winter, and may create an inconvenience, such as no routes to where the older person desires to visit or many transfers to reach the destination. Discounts are sometimes available for senior adults and should be researched. Discounts for public transportation are available to persons over sixty-five and sometimes to persons over sixty. All older people qualify for the discounts regardless of their incomes.

Taxis

Taxis are the most common type of public transportation. Although taxis provide convenience of pick up and delivery at any destination, the services may prove costly, especially if there is a great distance to travel or if many trips are required. Some communities have established discount prices for older citizens using the city taxi systems. Some communities have a dial-a-cab or dial-a-bus service for older adults, and a telephone call in advance brings transportation to the door. Costs are minimal because this special transportation for older adults is usually supported in part by the state.

If older persons ride on public transportation, they should follow the suggestions listed below:

- Remain alert and brace selves when a bus is slowing down or turning.
- Watch for slippery pavement and other hazards when entering or leaving a vehicle
- Have fare ready to prevent losing balance while fumbling for change.
- Avoid carrying too many packages, and

always leave one hand free to grasp railings.

- Allow extra time to cross streets, especially in bad weather.
- Wear light-colored or fluorescent clothing and carry a flashlight at night.

The caregiver should encourage the older person to follow these suggestions for riding on public transportation.

Transportation Services

Transportation services are often offered through local governments, churches, and other groups. Along with the transportation services, the groups usually offer volunteer drivers who will chauffeur older adults to visits with doctors and other health-related trips, as well as other necessary expeditions. In some communities, the local chapter of the Red Cross offers transportation for the older adults to doctors, clinics, and rehabilitation services.

Many communities have vehicles, such as health cabs or vans, into which a wheelchair can be directly rolled. The vehicles are usually equipped with automatic steps or lifts so the person with the disability can enter the vehicle without having to make any climbing movements. These vehicles are often offered through the city, hospitals and rehabilitation centers, or by a volunteer ambulance corps.

Other Transportation

Various other means of transportation may be suitable for meeting the older person's needs, such as charter flights or train and bus passes. This is particularly true if the older consumer is planning a trip. Group tours that are organized especially for senior citizens and cater to their needs appeal to many older individuals. The national associations of older people organize a variety of group tours that fit a range of budgets and personal tastes. A unique advantage is that the tours are planned for the slower pace usually preferred by older individuals. The tours also allow plenty of time for rest and refreshments. Tours for older adults include both day and week or longer trips. For the older person who can afford the expense by plane or cruise ships, world trips may offer new experiences. Reduced-fare charter flights and package tours by plane, train, or bus can make domestic and foreign travel a reality for the older person.

Bus companies sometimes offer discount rates for various travel plans. Amtrack provides a toll-free number for information and reservations. Many sightseeing tours by bus are also offered to older adults at special rates.

Travel trailers and campers offer the older person a relatively inexpensive way to travel across the country—enjoying the outdoors, sightseeing, and visiting friends and relatives. Many privately owned camper parks, as well as state and national parks, offer discount rates to senior citizens as they travel around the country.

◆ Essential Questions: ◆
Types of Transportation

1. Why is transportation often a problem for the older adult?
2. What are the advantages and disadvantages of public transportation?
3. What types of transportation are available for older adults?
4. What might the differences between a trip organized for a group of older adults versus a trip planned for other age groups?

Chapter Highlights

- Before operating any vehicle, the caregiver should possess a valid driver's license, be insured, and make sure the vehicle is registered.
- Older adults usually depend upon public transportation more than other age groups.
- Transportation services are offered through local governments, churches, and other groups to chauffeur older adults for visits to doctors and other health-related trips as well as other necessary expeditions.
- City buses usually operate on a fixed route and schedule.
- Taxis are the most common form of public transportation.
- Various types of travel and tour groups meet the needs of older adults to travel and participate in new experiences.
- Travel trailers and campers offer the older person a relatively inexpensive way to travel across the country.

Chapter 16

Nutritional Requirements and Needs of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

3A Identify the functions and sources of nutrients.
3B Apply principles of nutrition to meet the daily food requirements of older adults.
3C Identify common dietary deficiencies and disorders associated with older adults.
3D Determine available technology that aids in dietary modifications for older adults.
3E Analyze factors affecting diets and eating practices of older adults with special needs.
3F Summarize food preparation and service techniques that facilitate retention of nutrients.
3G Propose methods to enhance older adults' independence in meal preparation.
3H Appraise food and nutrition resources.

Chapter Vocabulary

absorption
atherosclerosis
ascorbic acid
basic metabolic rate
cardiovascular disease
cholesterol
digestion
digestive system
empty-calorie foods
enriched
esophagus
gallbladder
ingested
liver
major food groups
metabolism
nutrient dense
osteoporosis
pancreas
plaque
rickets
salivary glands
sensory variety

Nutrition is extremely important for older adults. In fact, it may be more important at this stage of life than at any other because of aging body systems, more prevalent chronic disorders, and an increased use of medication. Older adults are faced with a dilemma in terms of their diet because their energy or calorie requirements are lessened due to decreased physical activity while their nutrient levels remain the same as for other adults. Therefore, it is essential that the diet of an older person be ***nutrient dense***. In other words, the older person must consume fewer calories, yet eat foods high in nutritive value.

BASIC NEEDS

A healthy diet provides the body with energy, strength, and the capacity to resist infection and disease.

Daily Requirements

The older adult population varies from those who maintain healthy, independent lifestyles to those who are suffering from disabling illnesses and require institutional care. Certainly those who are ill have special nutritional needs, but those who live independently also have different nutritional needs than they did in their younger years. Helping older adults develop healthy eating practices that meet their daily energy and nutrient needs can improve their general health, energy levels, and self-esteem, and it may reduce the risk of other health problems in the future.

Food Categories

Everyone needs the same nutrients, but the quantity needed by each person differs depending upon age, sex, body size, and activity level. No one food contains all of the nutrients necessary for the body to function effectively. The following list is comprised of six different food categories containing similar nutrient values:

- Breads, Cereals, Rice, and Pasta
- Vegetables
- Fruits
- Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts
- Milk, Yogurt, and Cheese
- Fats, Oils, and Sweets

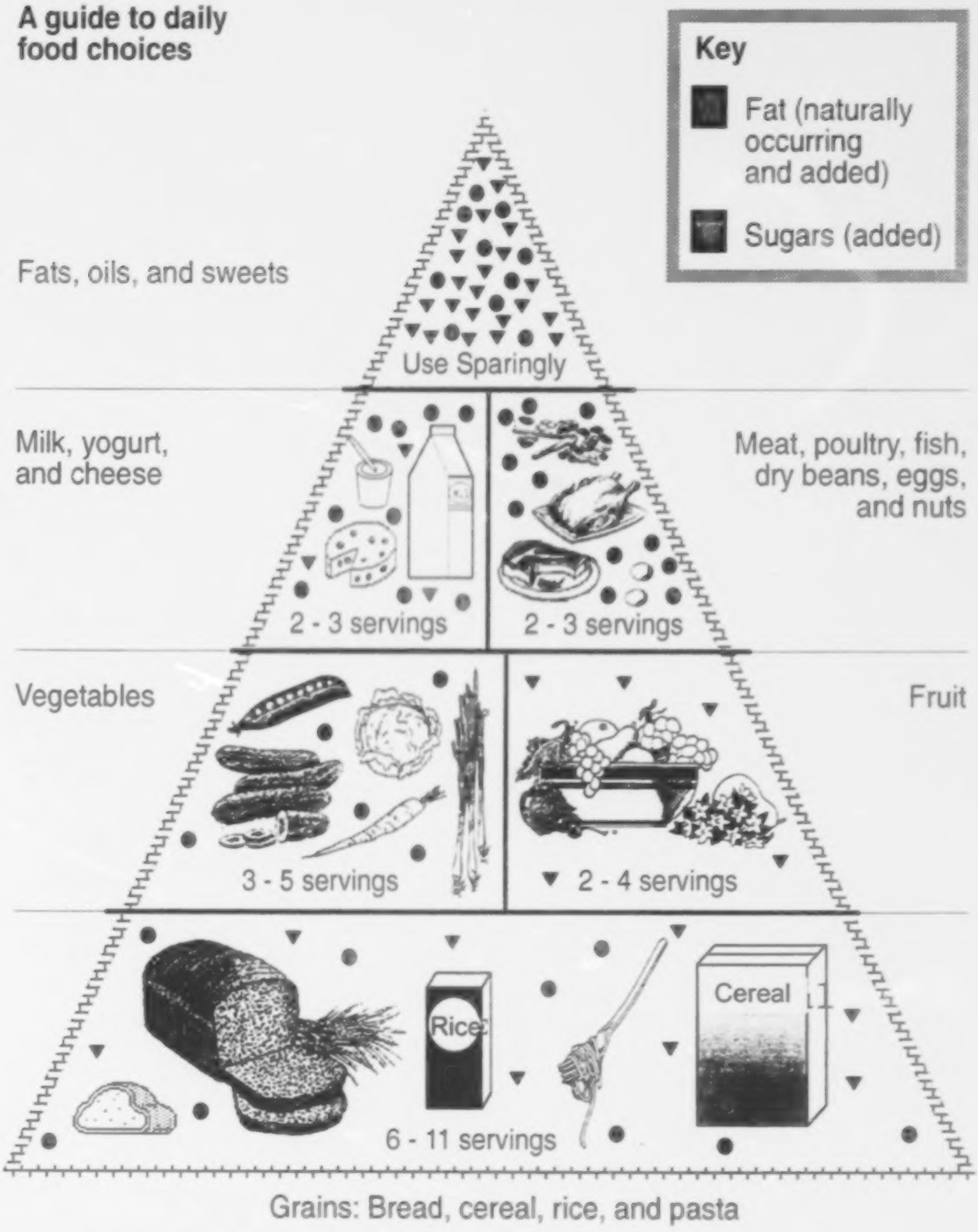
The six food categories and their sources are illustrated in Table 16.1, Food Guide Pyramid: A Guide to Daily Food Choices and Table 16.2, A Pattern for Daily Food Choices.

There are five ***major food groups***. All major food groups are assigned a specific number of recommended servings for daily consumption. Table 16.1 shows six categories of food –five of which qualify as major food groups. The fats, oils, and sweets category does not show recommended servings for daily consumption and therefore, are referred to as "extra" and not as a major food group. Foods in the "extra" category are sometimes called empty-calorie foods. The following are examples of extra foods from the fats, oils, and sweets category and should be used sparingly:

- butter
- sugar
- soft drinks
- margarine
- jams
- alcohol
- mayonnaise
- candy
- jellies
- syrups
- salad dressings
- unenriched breads
- pastries and flour products

Older persons, especially, need to maintain a nutrient dense diet; therefore, foods from the fats, oils, and sweets category should be limited only for the purpose of adding variety and flavor to meals and never used as a substitute for any of the foods from the five major food groups. A balanced diet requires that food choices be selected from the five

Food Guide Pyramid


A guide to daily food choices
Key
Fat (naturally occurring and added)
Sugars (added)
Fats, oils, and sweets
Use Sparingly
Milk, yogurt, and cheese
2 - 3 servings
Meat, poultry, fish, dry beans, eggs, and nuts
2 - 3 servings
Vegetables
3 - 5 servings
Fruit
2 - 4 servings
Rice
Cereal
6 - 11 servings
Grains: Bread, cereal, rice, and pasta

Adapted from: "The Food Guide Pyramid," Home and Garden Bulletin No. 252, United States Department of Agriculture Human Nutrition Information Service.

Table 16.1

A Pattern for Daily Food Choices

Food Groups	Suggested Daily Servings	What Equals a Serving?
Vegetables • Dark green leafy • Deep yellow • Starchy • Other vegetables	**3 - 5** servings from entire group (include all types regularly; use dark green leafy vegetables and deep yellow vegetables several times a week.)	♦ 1/2 cup of cooked vegetables ♦ 1/2 cup of chopped raw vegetables ♦ 1 cup of leafy raw vegetables, such as lettuce or spinach ♦ 3/4 cups of vegetable juice
Fruits • Citrus, melon, berries • Other fruits	**2 - 4** servings from entire group	♦ a whole fruit, such as a medium apple, banana, or orange ♦ a grapefruit half ♦ a melon wedge ♦ 3/4 cup of juice ♦ 1/2 cup of berries ♦ 1/2 cup cooked or canned fruit ♦ 1/4 cup dried fruit
Breads, Cereals, Rice, and Pasta • Whole-grain • Enriched	**6 - 11** servings from entire group (include several servings of whole-grain products daily.)	♦ 1 slice of bread ♦ 1/2 hamburger bun, English muffin, or bagel ♦ a small roll, biscuit, or muffin ♦ 3 to 4 small or 2 large crackers ♦ 1/2 cup cooked cereal, rice, or pasta ♦ 1 ounce of ready-to-eat breakfast cereal ♦ 1 tortilla or pancake
Milk, Yogurt, and Cheese	**2** servings for adults **3** servings for children **4** servings for ages 11-24 (3 servings for women who are pregnant or breast-feeding; 4 servings for teens who are pregnant or breast-feeding)	♦ 1 cup of milk ♦ 8 ounces yogurt ♦ 1 1/2 ounces of natural cheese ♦ 2 ounces processed cheese
Meat, Poultry, Fish, Dry Beans and Peas, Eggs, Nuts, and Seeds	**2 - 3** servings from entire group (include dry beans and peas often.)	♦ 2-3 ounces equal one serving of cooked lean meat, poultry, or fish. Count 1 egg, 1/2 cup cooked dried beans, or 2 T. peanut butter as 1 ounce of meat.

Adapted from: "Nutrition and Your Health: Dietary Guidelines for Americans," United States Departments of Agriculture and Health and U.S. Department of Human Services. Washington, DC, 1995.

Table 16.2

major food groups following the guidelines for the recommended number of servings and serving sizes.

The Five Major Food Groups

A balanced diet is one that contains recommended servings from the five major food groups. The Recommended Dietary Allowances, or RDA (established by the National Food and Nutrition Board of the National Academy of Sciences), provides guidelines for determining the amounts of nutrients needed each day from the five major food groups.

Bread, Cereal, Rice, and Pasta Group. The bread, cereal, rice, and pasta group often form the bulk of the older person's diet because these foods are softer, easier to chew, cost less, and require no refrigeration and little preparation. Unfortunately, high intakes from this food group by older adults would indicate that they might be lacking several important nutrients in their diet.

This group includes all breads and cereals that are whole grain, ***enriched*** (vitamins and minerals were added to improve nutritive value), or restored (nutrients lost during processing are replaced), such as macaroni, spaghetti, noodles, rice, quick and yeast breads, cooked cereals, corn meal, crackers, and baked goods, when made with whole grain or enriched flour.

The recommended amount for older persons is six or more servings. One serving consists of the following:

- 1 slice of bread
- 1/2 cup of cooked rice or pasta
- 1/2 cup of cooked cereal (cornmeal, grits, and oatmeal)
- 1 ounce of ready to eat cereal (generally 3/4 cup dry)
- one 2 inch biscuit or muffin

Vegetable Group. It is recommended that the older adults include three or more servings from the vegetable group each day. One serving of vegetables consists of the following:

- 1/2 cup of chopped raw or cooked vegetables
- 1 cup of leafy raw vegetables

Examples of one serving from the vegetable group include the following:

- 1 cup of salad
- 1/2 cup of cooked green beans
- 1/2 cup of raw carrots

Fruit Group. It is recommended that the older adult include two or more servings from the fruit group each day. One serving from the fruit group consists of the following:

- 1/2 cup of canned fruit
- 1/4 cup of dried fruit
- 1 piece of fruit or melon wedge
- 3/4 cup of juice

The following are examples of one serving from the fruit group:

- one medium apple
- 1/2 of a medium grapefruit
- 3/4 cup of pineapple juice
- 1/4 cup raisins
- 1/2 cup canned pears

Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group. Some older adults never achieve the recommended daily servings from the meat, poultry, fish, dry beans, eggs, and nuts group. The expense of purchasing foods from this food group is generally greater than for other food groups, and as a result, many of older adults, especially those on fixed incomes, neglect to buy sufficient quantities to meet the recommended daily requirements. The recommended amount from this food group for the older adults is two or more servings in order to supply 46 to 56 grams of protein, which is the recommended daily requirement for persons sixty years of age or older. One portion from this group consists of three ounces of lean, boned cooked meat, poultry, or fish (may substitute 1/2 cup of cooked beans, one egg, or two tablespoons of peanut butter for one ounce of lean meat).

Milk, Yogurt, and Cheese Group. This food group contains whole, lowfat, non-fat, and skim milk, as well as buttermilk and non-fat dried milk. This food group also contains cheeses, yogurt, ice cream, and other milk-based foods.

The recommended amount for older adults is two or more servings daily. One serving consists of the following:

- 1 cup of milk
- 1 cup of yogurt
- 1 1/2 ounces of natural cheese
- 2 ounces of processed cheese

Other equivalents of this group include the following:

- 1/2 cup cottage cheese = 1/3 cup milk
- 1 ounce cubed or sliced cheese = 3/4 cup milk
- 1/2 cup ice cream = 1/4 cup milk

◆ *Essential Questions:* ◆
Basic Needs

1. Why is nutrition so important to individuals in the later stages of life?
2. Why should an older adult's diet be nutrient dense?
3. What are three food sources for each of the six categories of foods?
4. What are the recommended numbers of serving and serving sizes for each of the five major food groups?

SENSORY VARIETY GUIDE

The five senses should be considered when using the food groups to plan meals. Consider ***sensory variety*** (sight, smell, taste, touch, and hearing) to plan interesting, exciting, and enjoyable meals. In selecting foods from the food groups, the caregiver should consider the following for ***sensory variety***.

- Foods should be attractively combined by color. Use a variety of colors for each meal. If needed, add a colorful garnish such as parsley or carrot curls.
- Avoid using the same flavors in a meal. For example, tomatoes should not be served in soup, salad, and sauce in one meal or apples in sauce, beverage, and pie in one meal.
- Select foods that have flavors that go with each other. For example, spaghetti is mild and goes with meat sauce which is highly seasoned. Ham goes with pineapple, liver with onions, and roast pork with apples.
- Select foods with a variety of shapes and sizes. For example, roast beef with peas is better than meatballs with peas.
- Serve foods with different textures in a meal. Add interest by using soft, chewy, and crisp foods.
- Use more than one method of preparation for a meal. Do not have everything fried, creamed, baked, or broiled. Use a combination of these.
- Serve foods with a variety of temperatures. For example, serve a hot oven meal with a cold salad and ice cream on warm pie.
- Know the likes and dislikes of the person for whom you are preparing or planning meals.
- Know the surroundings in which the meal will be eaten. If it is for an older person dining alone, the caregiver might suggest eating in front of the television.

◆ *Essential Questions:* ◆
Sensory Variety Guide

1. Why should the five senses be considered in planning meals?
2. What considerations for sensory variety should the caregiver use in selecting foods for older adults?

FACTORS THAT INFLUENCE FOOD INTAKE

It is important that the caregiver recognize the various factors that influence food intake of the older adult. Several factors influence the food intake and nutritional status of older adults including physiological changes, psychological changes, and social changes. Degenerative changes become more rapid after the age of sixty. Some of the physiological changes that frequently occur include the following:
- increased percentage of body fat
- decreased energy level
- reduced physical activity
- less efficient digestion and absorption of some nutrients
- decreased senses of smell and taste
- loss of teeth
- increased periodontal disease

All these physiological changes can influence the nutritional needs and status of older adults.

Physical factors that can influence food intake include the following:
- loss of smell and taste
- lack of physical activity
- dental problems
- constipation and diarrhea
- physical weakness
- chronic disease
- drug interference
- less efficient digestion
- less efficient absorption of some nutrients
- flatulent problems

Psychological changes are sometimes more influential in the nutritional status of the older adult. Depression that accompanies retirement or financial problems imposed by a fixed income are just two of the psychological changes that are encountered by many older persons.

Psychological factors that influence the food intake of older adults include the following:
- emotional depression
- lifetime eating habits
- personal taste preference
- loss of appetite
- lack of socialization with meals

Social factors that influence the nutritional status of older adults include the following:
- financial restrictions
- inconvenience of food preparation
- inability to adapt to unfamiliar surroundings, such as a long-term care facility or hospital
- inaccurate dietary beliefs

All these different factors can influence the nutritional status of the older adult. This is not to say that all senior citizens are faced with all these changes and problems. Most older adults are happy, healthy, active, and well-adjusted individuals.

◆ *Essential Questions:* ◆
Factors That Influence Food Intake

1. What are some physiological changes that frequently influence food intake and nutritional status of older adults?

2. What psychological changes frequently influence the food intake of older adults?

3. What social factors may influence the nutritional status of older adults?

DIETARY DEFICIENCIES AND DISEASES

It is estimated that one-third to one-half of the health problems experienced by older adults are nutrition related. When older adults consume less than the recommended number of servings from the different food groups, the risk is that one or more nutrients may be consumed in less than adequate amounts. For example, those who do not eat or drink dairy products are likely to consume too little calcium to meet their needs.

The most common dietary deficiencies that the older adults experience are related to low intake or utilization of iron, vitamins A and C, and calcium. Iron is found most abundantly in liver. Other good sources include beans, dried fruits, egg yolks, oysters, and enriched breads and cereals.

A good source of vitamin A should be included in the diet every other day. Vitamin A helps to resist respiratory infections and to ward off night blindness. Good sources of vitamin A are liver, dark-green leafy vegetables, and yellow fruits and vegetables. Examples of vegetables and fruits that provide vitamin A include the following:

- apricots
- broccoli
- cantaloupe
- carrots
- sweet potatoes
- leaf lettuce
- chard
- collards
- kale
- turnip greens
- mango
- persimmon
- winter squash
- pumpkin
- spinach

One serving of a good source of ***ascorbic acid***, or vitamin C, should be eaten daily. Vitamin C helps to keep bones, teeth, and gums healthy. It also helps to resist infection and disease and increases the speed of healing wounds. Examples of vegetables and fruits that provide good sources of vitamin C include the following:

- grapefruit
- oranges
- broccoli
- melons
- raw cabbage
- potatoes
- cantaloupe
- brussels sprout
- mustard greens
- collards
- lemons
- tomatoes
- tangerines
- kale
- strawberries

Calcium requirements grow higher with age. Calcium is a major component of teeth and bones. Older bones are more brittle and calcium helps to strengthen them. Good sources of calcium are milk and milk products, green leafy vegetables, and oranges. Doctors are finding more cases of ***rickets***, a bone deficiency disease, among the older adults due to insufficient levels of calcium. ***Osteoporosis***, a loss of bone, has long been associated with low levels of calcium.

Protein is needed for energy, bones, and tissues. Certain specific conditions result from an insufficient protein supply such as greater susceptibility to infection, mild forms of anemia, and slower healing of wounds and bones. Lack of protein, along with lack of calcium, can also lead to osteoporosis.

Obesity is another problem that many older people face. If too many fat-rich, sweet foods are consumed, weight gain is inevitable. These foods contain few nutrients and often exceed the caloric needs of the older adult before fulfilling their nutrient requirements.

Older individuals should avoid rich sauces, gravies, fried foods, and sweets because they contain few nutrients, are high in calories, and are not efficiently digested by many older persons.

Failure to eat is another problem for some older adults. Some of the possible causes of this problem include the following:
- loss of teeth
- ill-fitting dentures
- expense of food
- lack of transportation to and from supermarkets
- little desire to prepare meals
- loss of appetite

More Americans over the age of forty die from ***cardiovascular disease*** than from any other illness. Cardiovascular disease can be any disease related to the heart and blood vessels. ***Atherosclerosis***, or hardening of the arteries, is caused by a buildup of fatty or fibrous material called ***plaque*** on the inside walls of blood vessels. This buildup of plaque prevents blood from flowing freely through arteries that lead to the heart and can result in a heart attack.

Plaque is a solid material that contains an odorless, soft, fat-like substance called ***cholesterol***. A high level of cholesterol in the blood is one of the contributing factors associated with the development of atherosclerosis, which leads to cardiovascular disease. Cholesterol is found in every cell and performs several important functions in the body. Sufficient levels of cholesterol needed for body functions are already manufactured in the liver; therefore, dietary sources of cholesterol are not necessary. Blood cholesterol levels are influenced by diet, weight, physical activity, genetic factors, gender, and age. When cholesterol levels in the blood are lowered, so is the risk factor of developing cardiovascular disease. Dietary changes can significantly contribute to lowering the risk factor of developing cardiovascular disease.

The dietary goals for lowering blood cholesterol levels include the following:
- reduce total fat intake to 30 percent of total calories
- include plenty of whole grains in the daily diet
- eat fish more often
- increase consumption of fiber-rich fruits and vegetables
- add the many varieties of legumes to the daily diet more often, such as dried beans, peas, and soybeans
- include nonfat or low-fat milk and milk products every day
- reduce the cholesterol-rich foods in the diet, especially organ meats, egg yolks, shellfish, and fatty red meats

Poor nutrition throughout one's lifetime can have far reaching effects on a person's health by the time he or she reaches the age of sixty. It is never too late, however, to improve one's health by adopting sound eating habits. All age groups, both young and old, can reap continuous physical benefits from eating a well-balanced, nutritious diet.

◆ Essential Questions: ◆
Dietary Deficiencies and Diseases

1. What are the most common dietary deficiencies that older adults experience?
2. What foods are rich in Vitamin C? Vitamin A? Calcium? Protein?
3. Why are many of the health problems that older adults face related to nutrition?
4. Why is it never too late to adopt sound eating habits?

HEALTH, DIGESTION, AND METABOLISM

Providing nutrient dense meals to older persons is a key factor in the prevention of many health problems. The recommended daily dietary guidelines are valuable tools for investing in the maintenance of good physical health. In order for the body to benefit from the nutrient dense foods that are ***ingested*** (taken into the body by swallowing), the body goes through a process called digestion.

Digestion is the process that the body goes through to break foods down into microscopic pieces. These microscopic pieces will then become accessible to all parts of the body at the cellular level.

The ***digestive system*** is the body system that is responsible for the breakdown of ingested foods into microscopic pieces. Food travels through the parts of the body involved in the digestive system in the following order:

1. mouth
2. ***esophagus*** (throat)
3. stomach
4. small intestine
5. large intestine

Older persons frequently suffer from physical difficulties within the digestive system. Poor dental health or the absence of teeth will affect chewing foods properly; difficulty swallowing can occur as a result of dry mouth from certain medications; diminished muscle tone in the stomach and intestines can be the result of lack of exercise or taking certain medications; and intestinal complaints are frequently caused by emotional distress related to the many different adjustments that so many older persons experience. (See Figure 16.1)

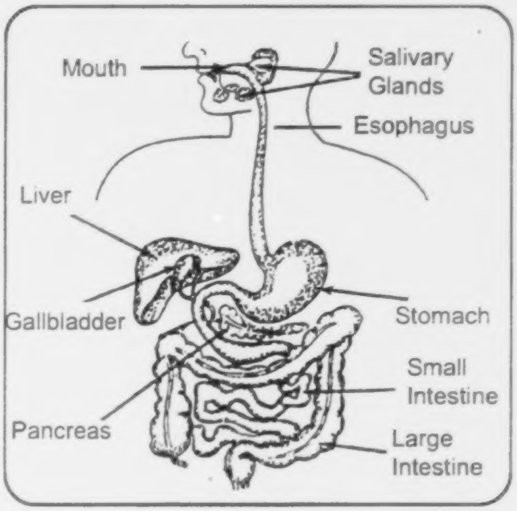


Figure 16.1

Four body organs that play critical roles in the process of digestion include the following:

- ***Salivary glands***–produce saliva, which helps to break down foods that are chewed.

- ***Liver***–produces, modifies, and stores nutrients and chemicals needed by the body.

- ***Gallbladder***–secretes a substance called bile into the small intestine that helps break down fats.

- ***Pancreas***–secretes a substance into the small intestine that helps in the digestive process.

Diseases or difficulties related to the salivary glands, liver, gallbladder, or pancreas will most likely affect the normal functioning ability of the older person's digestive system.

After food is digested, it is then ready for ***absorption*** or the taking in of nutrients into the body tissues and body fluids. Most of the absorption of nutrients occurs in the small intestine although some occurs in the large intestine. Following digestion and absorption–nutrients are ready to be turned into energy. The process of nutrients being changed into energy is called ***metabolism***. The energy produced as a result of metabolism is used for body growth and for the maintenance of body tissue and body temperature, as well as for physical and mental activity.

Basic metabolic rate is the rate of energy need that a person's body requires when at rest. As a person ages, metabolic rate decreases, thus decreasing the amount of energy required to maintain healthy body functioning. (The energy values of foods are called ***calories***.) Therefore, if less energy is needed to maintain the body of an older person than that of a seventeen-year-old student, then the older person should consume fewer calories than the student with the higher metabolic rate should. (There are some health related factors not mentioned here that could affect the metabolic rate of individuals.) Refer to Figure 16.2 on how to determine the minimum amount of calories that a person needs daily.

It is important that the older person consume the proper amount of calories required by his or her body. If too many calories are consumed on a daily basis for any period of time, weight gain will be inevitable. If, on the other hand, not enough calories are consumed on a daily basis over any period of time, weight loss will occur. Older persons who are either overweight or underweight could be aggravating or complicating an already difficult health problem, such as an older person with already weakened knee joints who becomes overweight or an older person who loses weight (thus valuable energy stores) prior to undergoing a lengthy surgical procedure.

Much of the health of older persons is determined by how their bodies digest and metabolize the foods that they eat. Caregivers can help older persons with their nutritional needs by offering nutrient dense foods in the proper amounts needed to fulfill their daily caloric requirements. In some situations, it may be necessary to add nutritional supplements.

◆ Essential Questions: ◆ Health, Digestion, and Metabolism

1. Why do some older adults experience digestive problems?
2. What are the five parts of the body that are involved in the digestive system?
3. Why does the metabolism of older adults often decrease?
4. What are some things that the caregiver can do to help the older adult with their nutritional needs?

Calculating Calorie Requirements

Present Body Weight: ____________________

1. Change body weight from pounds to kilograms by dividing the body weight by 2.2
(2.2 pounds = 1 kilogram).

Body Weight ________________/2.2 = ____________ kilograms

2. Multiply the number of kilograms of body weight times 24
(hours per day).

Body Weight in kilograms ____________ x 24 = ____________Basic Metabolic Rate

3. Multiply the answer in step 2 by .50 (50 percent)

Answer Step 2 _______________ x .50 = _____________

4. Add the answers in steps 2 and 3. The sum is the daily minimum calorie requirement.

Answer Step 2 ___________ + Answer Step 3 ____________

= _____________ Minimum Calorie Requirement

Figure 16.2

Chapter Highlights

- ☆ Nutrition may be more important in the later stages of life than any other stage due to ailing body systems, chronic disorders, and increased use of medication.
- ☆ The diet of the older person must be nutrient dense.
- ☆ There are six food categories containing similar nutrient values: Breads, Cereals, Rice, and Pasta; Vegetables; Fruits; Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts; Milk, Yogurt, and Cheese; and Fats, Oils, and Sweets. The first five categories are known as major food groups and the last category (fats, oils, and sweets) is referred to as "extra," which should be used sparingly.
- ☆ The RDA provides guidelines for determining the amounts of nutrients needed each day from the five major food groups.
- ☆ The five senses, sight, smell, taste, touch, and hearing, should be considered in using the food groups to plan interesting, exciting, and enjoyable menus.
- ☆ Several factors influence the food intake and nutritional status of the older adult, including physiological, psychological, and social changes.
- ☆ Degenerative changes become more rapid after the age of sixty.
- ☆ It is estimated that one-third to one-half of the health problems experienced by older adults are nutrition related.
- ☆ The most common dietary deficiencies that the older adults experience are related to low intake or utilization of iron, vitamins A and C, and calcium.
- ☆ Calcium requirements increase with age.
- ☆ Rickets and osteoporosis are just two diseases associated with calcium deficiencies.
- ☆ Behavioral and psychological changes can occur if the diet has been insufficient over a long period of time.
- ☆ Obesity and failure to eat are two additional problems that the older adult may face.

(Continued on page 168)

Chapter Highlights

(Continued from page 167)

- ☆ In order for the body to benefit from the nutrient dense foods that are ingested, the body goes through a process called digestion.
- ☆ Older persons frequently suffer from physical difficulties within the digestive system.
- ☆ Diseases or difficulties related to the salivary glands, liver, gallbladder, or pancreas will most likely affect the normal functioning ability of the older person's digestive system.

Chapter 17

Menus and Diets Appropriate for Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.

1H Identify resources for addressing the various needs of older adults.

10E Implement routine procedures that promote health and wellness of older adults.

Chapter Vocabulary

- bland diet
- calorie-restricted diet
- clear liquid diet
- controlled-calorie diet
- cycle menus
- diabetic diet
- exchange list
- fat-restricted diet
- full-liquid diet
- liquid diet
- menu planning
- nourishment
- nutrients
- self-help aids
- signal cord
- sodium-restricted diet
- soft diet
- therapeutic diet

Good food is essential to good health at any age. Generally speaking, the nutritional needs of older adults are the same as those of younger adults. The food tastes and eating habits of the older adult have been built up over decades. Some older adults will eat too little and have to be coaxed to eat more; others will eat so much food they become obese and overweight. Depending upon the place of employment, the caregiver will assume various duties in food service. In some situations, the caregiver will assist with serving meals and between-meal nourishment, preparing the older adult for mealtime,

DID YOU KNOW?

There may not be one diet for a specific health condition because people's individual needs differ so much. Sometimes, more than one health problem may need to be treated at the same time. That is why each person should be advised as an individual.

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assisting those who need help in getting to the table, and preparing trays. In other situations, the caregiver may be involved in shopping for groceries, preparing meals, following instructions for special diets, cleaning up after meals, and feeding the older person.

MENU PLANNING

The caregiver may be totally responsible for planning and preparing meals or have little or no responsibility depending on the setting in which the caregiver is working. Well-planned meals should look attractive, taste good, provide the necessary nutritional requirements, satisfy the tastes and needs of the individual, and be within budget. The caregiver who has the responsibility of planning meals will find that the following steps for menu planning will make the job easier:

- Set aside a definite time to plan and write menus.
- Have a quiet place to work. The job will be harder and take longer if there are frequent interruptions.
- Have a handy list of the food in the pantry and refrigerator, a listing of the foods featured in grocery ads, and a recipe book.
- Review menus of the previous week to avoid repetition of methods of preparation and combinations of foods used.
- Check carefully that all servings recommended from each food group are included daily.
- Check to see if each meal offers sensory variety (flavor, temperature, and texture).
- Know the budget available.

Planning Cycle Menus

Planning cycle menus may be one of the normal duties of the caregiver in a private home situation. The caregiver will need to understand how a cycle menu operates and why it is used.

Cycle menus are a set of carefully planned menus that often cover a period of one to four weeks. When the period is completed, the cycle is repeated again. Since different foods are available in each season, a different set of cycle menus may be developed for winter, spring, summer, and fall. Once they are made up, they can be used over and over with minor changes. Cycle menus improve buying of food, provide better use of the caregiver's time, help to make food preparation easier, and save money.

Cycle menus do not mean an end to menu planning. Before using each menu of the cycle, the menu should be looked over to see if any changes are needed. Sometimes a food selected for a certain day may not be available, and a substitution will need to be made. As the menus are used, a record should be kept of how well they are liked, the recipes, the amounts of food prepared and leftover, and other useful information. This information aids in improving menus in other cycles.

The first step in developing cycle menus is to decide on the length of the cycle. It must not be so short that the menus are repeated too often and become monotonous. A cycle of one week is usually the shortest period of time. Four or five weeks may be better. The same steps are used in planning cycle menus

Table 17.1

Menu Planning Form

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Dinner or Main Meal							
Lunch or Supper							

as in planning any menu. Cycle menus for modified diets may be developed to go along with regular menus.

Using the Menu Planning Form

Menu planning is a process that consists of determining which food items are to be served and when they are to be served. The menu planning form is a helpful tool for meal planning. The form lists each meal and the types of foods needed to be included in the daily diet. Refer to Table 17.1 for a sample menu planning form.

With the food groups, the sensory variety guide, and the menu planning form, the caregiver can take the first step toward meal planning. Special care in menu planning takes little time or money but adds to the enjoyment of meals. For example, holidays offer opportunities to add interest to meals. Some holidays for the caregiver to remember are Valentine's Day, Washington's Birthday, St. Patrick's Day, Easter, Independence Day, Thanksgiving, Christmas, Hanukkah, and New Years Day. A birthday cake on the person's birthday would be thoughtful.

◆ Essential Questions: ◆ Menu Planning

1. What are the requirements of a well-planned meal?
2. What steps should a caregiver use in menu planning to make the job easier?
3. What is a cycle menu?
4. How does the menu planning form help the caregiver?

DIETS

The planning of the older person's "special" diet is not one of the usual duties of the caregiver, but rather is the responsibility of a dietitian or medical doctor. However, the caregiver should have a thorough understanding of the various diets that are prescribed for the older adult. The caregiver should be aware of the extreme importance of following a prescribed diet. If older adults are given food which is not on their diets, a very serious health problem could develop. Meal trays should always be checked and food that does not belong on the diet should be removed before serving the older person. The diet orders should always be checked before adding anything to the tray–salt, pepper, sugar, additional foods–even if the older person assures the caregiver that the wanted item is on the diet. When not sure about an item, the caregiver should check with the person in charge.

General Diets

The general or regular diet is based on a normal adequate diet and includes foods in the recommended amounts from each food group. Most people are on a regular diet. An older person may be placed on a special diet for a short time due to special conditions such as recent surgery. Having a choice about the food one eats is very important. Food is more likely to be eaten if the person is able to choose it. Any diet is successful only if foods that should be eaten are eaten and foods that should not be eaten are not eaten.

Modified and Therapeutic Diets

A ***therapeutic diet*** is used to improve a person's health. When a doctor feels that certain changes should be made in a person's diet, the doctor gives orders in exactly the same way that medicines or any other treatment would be ordered; therefore, emphasis should be placed on allowed foods, rather than on a long list of foods to avoid. An older person will accept a therapeutic diet more readily if he or she is aware that the diet is an important part of the doctor's treatment. Some of the more commonly used modified and therapeutic diets are discussed below.

Liquid Diet. A ***liquid diet*** is prescribed for the very ill person, or the person who has a hard time chewing or swallowing. Because liquids leave the digestive system quickly, they are less irritating than solid foods. Mealtimes for persons on liquid diets usually occur at least six times each day. Liquid diets may be one of two types:

- A ***clear-liquid diet*** includes flavored liquids with no solid particles. The liquid supplies very few nutrients but does give the body necessary fluids. A clear-liquid diet is usually prescribed for one or two days. Examples: gelatin, broths, tea, some carbonated beverages, apple juice.
- A ***full-liquid diet*** usually follows the clear-liquid diet as the person improves. The properly planned full-liquid diet meets all the nutritional needs of a person; therefore, if necessary, a person can stay on this diet for a longer length of time. Cream may be added to milk to increase caloric value and to reduce hunger pangs. Examples: milk, eggnog, citrus and other juices, broth, coffee, tea, carbonated beverages, gelatin, sherbet (no pulp, cereal, gruel, and strained vegetable juices).

Soft Diet. This diet generally follows the full-liquid diet and leads to the general or regular diet. The soft diet may be used for someone with a serious infection, someone recovering from surgery, or one who is too weak to make an effort to chew. The ***soft diet*** contains all the nutrients and consists of soft-textured foods that are easily digested. Examples of soft textured foods include milk, soft cooked eggs (not fried), tender or chopped meats (not fried or highly seasoned), potatoes and selected cooked vegetables, and some cereals (not hot breads). Raw fruits and vegetables are not permitted, and tough meats should be avoided. Coffee and tea are usually limited.

Bland Diet. The diet is sometimes given after full-liquid diets or for persons with internal problems. The ***bland diet*** consists of foods with flavors not especially sweet, sour, sharp, bitter, or strong. Examples of bland foods are applesauce, ripe bananas, creamed soups, vanilla ice cream, sugar cookies, cooked pears, cottage cheese, plain gelatins, plain cake, plain custards and puddings, milk, macaroni, potatoes, soft eggs, rice, bread, and cereal products such as farina and cream of wheat. Foods with coarse fibers should be omitted such as onions, dried beans, cabbage, and cauliflower. Coffee and tea should be limited or omitted because of the stimulating effects of caffeine.

Diabetic Diet. A ***diabetic diet*** is specifically designed for persons whose bodies have impaired tolerance of glucose or carbohydrate foods. Diets used to control diabetes are planned to be nutritionally adequate for the person. With the diabetic diet, an exchange list is used to limit amount and types of certain foods. The ***exchange list*** divides foods into six food groups. The amounts of foods in each group have similar food values, making it possible for one food to be substituted for another food in the same group.

The purpose of the exchange list is to provide variety and satisfying foods in the diet. This list is also used in weight reduction diets and for diets of some people with cardiovascular disease. An example of an exchange for one slice of bread is 1/2 cup cooked cereal or 1/2 cup mashed potato. Foods are measured with standard equipment to control amounts of specific foods. Use of the exchange list makes it easier to provide a diet as near a normal diet as possible.

In diabetes, the body is unable to use carbohydrates properly. Some mild cases of diabetes in older persons can be controlled by diet, and no medications are necessary. A diet for a person with diabetes should not be thought of as a "special diet," but rather as a modification of a normal diet. With the exception of carbohydrates, the person with diabetes requires the same nutrients as a person on a general diet.

It is the responsibility of the older person's doctor to prescribe the exact amounts of protein, fat, and carbohydrate in each diet for the diabetic. It is up to the person in charge, or in some situations the caregiver, to see that these orders are carefully followed.

Calorie-Restricted Diet. These diets are usually for losing weight. With the ***calorie-restricted diet,*** the calorie content is limited, but the diets are nutritionally adequate. The exchange list system is often used when planning diets for weight reduction. Fad diets often recommend only a few items and may provide weight loss but are nutritionally inadequate. Any reducing should be done under the direction of a doctor. Skipping meals is no aid in calorie-restricted diets because it only makes the individual more eager to eat the next meal; therefore, one eats more.

Controlled-Calorie Diet. A ***controlled-calorie diet*** is used to maintain weight without gaining or losing. When the desired amount of weight has been lost, calorie intake must be adjusted to maintain the loss. This makes it necessary for the individual to relearn eating habits in order to keep the weight off. Exchange lists are used in controlled-calorie diets.

Fat-Restricted Diet. A ***fat-restricted diet*** is used for persons with liver, gallbladder, and cardiovascular disease. Although nutritionally adequate, this diet may be low in calories due to the strict fat limitations. These diets may be supplemented by additional amounts of protein and carbohydrate when advisable. The older person should be made to understand the importance of diet and that failure to follow the prescribed diet may cause one's illness to return or that it may take longer to recover.

Sodium-Restricted Diet. A ***sodium-restricted diet*** is generally used when there is swelling related to heart conditions or toxemia. The diet is planned to be nutritionally adequate, with limited amounts of salt. Foods that should be avoided include bacon, ham, corned beef, olives, sauerkraut, sausage, potato chips, salty crackers, pretzels, saltwater fish, and shellfish.

A person on a low-sodium diet may have little appetite for meals, especially when the diet is severely restricted in salt; therefore, the person's foods should be made as attractive and tasty as possible. This can be done by planning meals that provide a variety of colors, textures, and flavors. Sometimes raw vegetables and fruits are accepted better than cooked vegetables. One trick to increase the apparent saltiness of foods is to sprinkle it with a small amount of lemon juice. Salty and sour tastes are closely related.

◆ Essential Questions: ◆ Diets

1. Who has the responsibility of planning a "special" diet for the older adult?
2. What is the difference between a general or regular diet and a therapeutic diet?
3. What are three therapeutic diets commonly used with older persons?
4. How is an exchange list used to control the amounts of certain foods?
5. What is a sodium-restricted diet?
6. What is the difference between a clear-liquid diet and a full-liquid diet?

RETENTION OF NUTRIENTS

The body needs nutrients for nourishment. ***Nutrients*** are chemical substances found in food. Each nutrient has a specific use in the body, but no nutrient can function independently. The nutrients needed by the body include proteins, carbohydrates, fats, vitamins, and minerals.

No single food contains all the nutrients needed for life. Eating a wide variety of foods every day is important to ensure that the body gets all of the nutrients it needs to function efficiently.

The body also needs water as a nutrient. The average person needs six to eight glasses of water each day. Water makes up most of our blood, which carries nutrients to the cells of the body. Water aids digestion and absorption of food, regulates body temperature, lubricates moving parts of the body, and aids in the elimination of body wastes.

When working in services for older adults, especially in home care situations, the caregiver may be responsible for preparing food for the older adult. When preparing food for older adults, the caregiver will find the following guidelines for the retention of nutrients helpful.

Protein. Protein contains amino acids necessary to produce and repair cells and control body processes. Protein's ease of digestion is affected by cooking. Protein coagulates or hardens when cooked. Cooking a protein food a long time with dry heat or with high heat hardens the protein. Protein foods should be cooked at a low heat until just done. This makes them easier to digest.

Carbohydrates. (Sugar, Starch, and Cellulose–the body's main source of energy). In cooking, sugars dissolve in water. Starches mix with water and thicken when cooked. Water in which fruits and vegetables are cooked should be saved for use in soups, sauces, and gravies to enhance their nutritional value.

Fat. (Saturated, Unsaturated, or Polyunsaturated, and Cholesterol). Cooking has little effect on the nutritive value of fat except at very high temperatures. Fat which is allowed to smoke at high temperatures may give food a disagreeable taste and make it more difficult to digest.

Fat-Soluble Vitamins. (Vitamins A, D, E, and K). Fat-soluble vitamins are not easily lost in cooking. They neither dissolve in cooking water nor are destroyed by heat.

Water-Soluble Vitamins. (Vitamin C and those vitamins included in the vitamin B complex; thiamine, niacin, and riboflavin). Water-soluble vitamins are easily lost during the storage and preparation of food. Store vitamin C foods in a cool, dark place in a covered container. Prepare, cook, and serve food as quickly as possible. Soaking fruits and vegetables in water allows water-soluble vitamins to be lost. Instead, fruits and vegetables should be washed with cold water and sprayed before cutting or chopping. To minimize vitamin loss during cooking, cook fruits and vegetables only until done. Save the cooking water for use in soups, sauces, and gravies. Avoid adding soda to green vegetables when cooking because it will destroy water-soluble vitamins.

Minerals. (Minerals: Calcium, phosphorus, sodium, chloride, potassium, and magnesium; Trace minerals: iron, iodine, fluorine, zinc, copper, sulfur, manganese, chromium, and molybdenum). Minerals are soluble in water. They can easily be lost in cooking. To prevent mineral loss, do not soak vegetables during preparation. Cook vegetables in only a small amount of water. Save the cooking water to use in soups, sauces, and gravies.

◆ Essential Questions: ◆ Retention of Nutrients

1. What are the six primary nutrients needed by the body? What are the functions of each?
2. Why is the retention of nutrients important in cooking?

Eating should be an enjoyable experience for older individuals. Most older people look forward to mealtime. It gives them a chance to anticipate something and to socialize. Some older adults will eat their meals in the dining room. Others may be served in their rooms, either in a chair or in bed. Yet others may eat in their own homes in front of a television or at the dining table.

In some cases, the caregiver may need to assist the older person with eating due to physical problems or limitations. The caregiver should only feed the older person if instructed to do so by the doctor or person in charge. It is important for caregivers to encourage older persons to do as much for themselves as possible.

DINING ROOM SERVICE

The caregiver should assist older persons if they need help to the table. Some persons will walk to the table while others may be in wheelchairs or walkers. If the person needs support, the caregiver should walk arm-in-arm with the older person, placing his or her hand on top of the older person's hand. If the older person stumbles or starts to fall, the caregiver can quickly change hands and the near hand can encircle the waist of the person to broaden the brace of support.

The caregiver should check that everyone has been served and that each person has everything needed–silverware, napkin, and straw or drinking tube. The caregiver should also check that napkins are in place, either in the lap or tucked in at the neck. It is important to learn the eating habits of each older person. Some individuals will need encouragement to eat; others will want second servings. The caregiver should never rush or hurry the older person to eat. If food or drink is spilled during the meal, the caregiver should wipe it up immediately, drawing as little attention as possible to the accident. The caregiver can offer assistance to individuals who need help buttering bread, cutting meat, and pouring drinks. It is important to encourage older persons to do as much for themselves as possible.

When the person has finished eating, the caregiver can look to see what has been eaten. If very little was eaten, the caregiver should report it to their supervisor or other person that may be in charge.

The caregiver should assist older persons needing help away from the table. The hands and face of some of the older adults may need to be washed after the meal. Older persons should never be left in the dining room after a meal. The caregiver may also have the responsibility of making sure the dining room is clean and neat after the dishes are removed.

◆ Essential Questions: ◆ Dining Room Service

1. Why should eating be an enjoyable experience for the older adult?
2. When should the caregiver feed the older person?
3. How should the caregiver assist a person who needs help in walking to the dining room?
4. How can the caregiver assist the older adult with dining room service?

TRAY SERVICE IN THE PERSON'S ROOM

The caregiver should help the older person get ready before trays arrive so the food can be eaten warm. The caregiver should first assist the person to the bathroom or offer the bedpan or urinal. The caregiver may need to assist older persons in washing their hands if they are having difficulties washing their own hands. If the person can get out of bed, it may be the task of the caregiver to assist the person into a chair or wheelchair.

To assist the older person to a wheelchair or a straight chair with arms, the caregiver should place the wheelchair or chair, facing the foot of the bed, at a forty-five degree angle to the bed. The caregiver should raise the footrests and set the brakes of the wheelchair and lower the person's bed if it is not already low. The caregiver can help individuals sit up with their legs over the side of the bed. The caregiver should check that the person's feet are on the floor or foot rest. After letting the older person rest a few minutes, the caregiver can help with putting on a robe and slippers, if needed. To help the person stand, the caregiver should place his or her arms under the older person's arms and put his or her hands on the person's back. When the person is standing, the caregiver can have the person turn directly in front of the wheelchair or chair. The person should put an arm on the wheelchair or chair arms, and the caregiver can guide the person gently into the chair or wheelchair, checking that the person's hips are all the way back in the seat.

In some situations, the caregiver will need to raise the head of the bed if the person is confined to bed. Before moving the bed, the caregiver should check with the person in charge to make sure it is permitted and that the older person can tolerate sitting up in bed. The caregiver should also check that the ***signal cord*** (the device that the older person can press or squeeze to summon the assistance of a staff member when in need) is in reach of the person. A napkin or bib should be placed on the person.

Presenting the Tray

Caregivers should wash their hands before presenting a tray. The tray card should be checked to make certain it is going to the right person. Some older persons will want to have assistance with cutting meat, buttering bread, and pouring coffee or tea. Older adults should be encouraged to do as much as they can during the meal. After all of the older persons have received trays, the caregiver should check back at intervals to see if anything is needed. The caregiver, through friendly and cheerful conversation, can encourage a reluctant or slow eater, but the caregiver should never rush or hurry the person.

Removing the Tray

When the person has finished eating, the caregiver should take the tray. Before removing the tray, the caregiver should take notice of what the person has eaten. When an older person eats very little, the caregiver should report it to the supervisor or the person in charge. After removing the tray, the caregiver should determine if the person needs to be assisted with washing the person's hands and face. The person should be made comfortable–the head of the bed may need to be put down, or the person may need assistance in moving from the chair or wheelchair to the bed. The caregiver should apply the brakes or footrests on the chair, then have the older person place both hands on the armrests of the chair or wheelchair, slide forward on the seat, and put both feet flat on the floor. The caregiver can assist the person in standing up, sitting on the edge of the bed, and in removing the shoes, slippers, or robes. The caregiver should see that the person is comfortable and should check that the signal cord is within the person's reach before leaving the room.

◆ **Essential Questions:** ◆
Tray Service in the Patient's Room

1. What procedures need to be followed before serving a meal to an older adult who needs tray service?
2. What steps are involved in presenting the tray to the older adult?
3. What procedures should be followed when removing a tray after the person has finished eating?

FEEDING THE OLDER PERSON

In some situations, the caregiver will need to feed the older person, especially in a private home. The caregiver should make individuals comfortable and encourage them to do as much as possible. The caregiver can prepare the person for mealtime by washing hands, setting the person up in a chair or wheelchair, or by elevating the head of the bed. Some older persons may prefer to eat in the dining room even though they will need to be fed.

Prior to assisting the older person with his or her meal, caregivers should first wash their hands. The tray should then be placed on the over-the-bed table or other table located in the dining room. The caregiver should sit beside the person and arrange the napkin. Making sure the food is not too hot, the caregiver should feed the person slowly, never filling the fork or spoon more than half full. A spoon is often the easiest to use. The caregiver should always make sure that the person chews and swallows the food before giving the person more food. When the person has finished eating, the caregiver should wipe the person's mouth, wash the hands and face if needed, check that the person is comfortable, put the head of the bed down if the person desires it, and check that the signal cord is within reach.

When assisting a person with impaired vision at mealtime, the tray should always be arranged in the same way. For example, the drink should be placed in the upper right hand corner with the salt and pepper to the left of the drink. It is helpful if the food on the dinner plate is arranged like the face of a clock–for example, the meat at six o'clock, the potatoes at twelve o'clock, and the green beans at three o'clock. When giving mealtime assistance to a person with impaired vision, the caregiver should always tell individuals what they are being given to eat.

◆ **Essential Questions:** ◆
Feeding the Older Person

1. What procedures should be followed when feeding an older person?
2. How should a tray be arranged for a visually impaired person?

SERVING EXTRA NOURISHMENT

The caregiver may be asked to serve special ***nourishment*** (food) between meals to specific older persons. The extra nourishment is given to persons with special medical conditions and to those with decreased appetites. Fruit juice, eggnog, other fluids, ice cream, flavored gelatin, and milk are often served as extra nourishment. After finding out who is to receive the extra nourishment, caregivers should wash their hands, get a tray or cart, and get the nourishment to be served. It is important to check that the right nourishment is served to the right person. The caregiver should assist older persons needing help with eating or drinking the extra nourishment. The caregiver should also collect the dishes and utensils when the older person has finished.

◆ **Essential Questions:** ◆
Serving Extra Nourishment

1. Why is special nourishment served to some older adults between meals?
2. What kinds of foods are often served as extra nourishment?

SELF-HELP AIDS FOR EATING

As discussed in earlier chapters, the more older adults can do for themselves the greater their self-confidence will be. Being able to feed oneself is extremely important in boosting one's personal morale. It is often difficult for older persons to have to depend totally on a caregiver's assistance at mealtime.

There are several ***self-help aids*** for eating which can be purchased or made at home that can eliminate overdependence on the caregiver. Some of these self-help eating aids are discussed below.

Eating Utensils

Forks and spoons come in several different shapes and sizes which facilitate reaching the mouth. Bent utensils are useful for individuals with a limited range of motion. They are available in right or left hand styles. (See Figure 17.1.) A combined knife and fork is helpful for those who are one-handed. (See Figure 17.2.)

Long-handled utensils aid those with limited movement of arms and shoulders. The length and angle of the utensil are easily adjusted by tightening a set screw. The built-up handle makes gripping easier. (See Figure 17.3.)

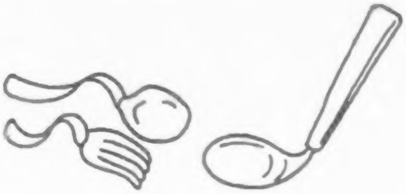


Figure 17.1

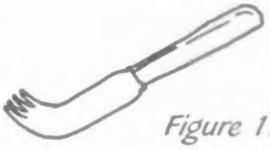


Figure 17.2

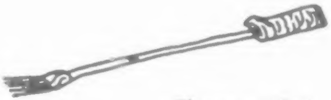


Figure 17.3

Handle Padding

The purpose of the handle padding is to enlarge the handle when limited range, weakness, or pain makes gripping difficult or uncomfortable. Padding may be attached to eating or cooking utensils, tools, crutches, canes, or any other type of handle. See Figure 17.4 on the following page for other types of handle padding.

Dinnerware

Food Guards or Plate Guards. Food guards or plate guards are especially useful for persons who are one-handed. The guards are made of plastic and stainless steel. The guard is attached to the edge of the plate to help prevent spills. Most varieties will clip onto any size plate. (See Figure 17.5)

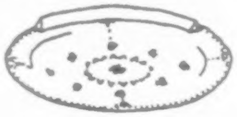
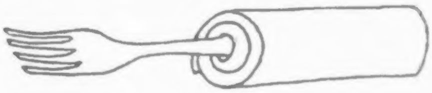


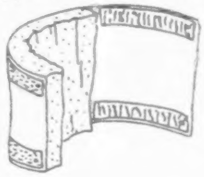
Figure 17.5

HANDLE PADDING

Detachable Type



This type can be transferred from one object to another or can be removed for washing utensil. When firm padding is needed, this type might be difficult to attach snugly if hand is weak.



Materials: (size may be altered to suit need)

4" x 4" of 1/2" foam rubber

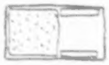
4" x 7" of leatherette, vinyl, or other easily cleaned materials

2 pieces of Velcro, 3" long, hook and pile

Construction:

1. Rivet or sew Velcro onto leatherette so that the hook is inside and the pile is on outside.

2. Glue foam rubber onto inside of leatherette.



Application:

Place utensil at edge of foam rubber and roll padding around it tightly.

Other Types

- Foam rubber wrapped around handle and covered with adhesive tape makes a quick, comfortable, enlarged handle. Fresh tape may be put on when original is soiled.
- Wood dowel, bicycle handle grips, or a rubber hose are other possibilities.

Figure 17.4

Suction Holders. Suction holders have tiny suction cups on both sides of a rubber pad. This double gripping feature will secure bowls, plates, and other items to flat surfaces. (See Figure 17.6)

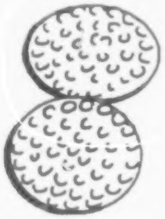


Figure 17.6

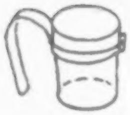


Figure 17.7

Glassware. For those with limited hand and arm movement, lifting a cup to the mouth can be difficult or even impossible. Drinking through a straw may be the only way for these persons to consume liquids. Individuals with a weak grasp or poor motor control will find glasses with large handles helpful because they can be held more secure.

Glass Holder. A glass holder can be adjusted to hold any size glass and provides a strong, firm handle. (See Figure 17.7.)

◆ ***Essential Questions:*** ◆

Self-help Aids for Eating

1. What are some self-help eating aids that older persons can use when eating?
2. Why is it important to encourage older adults to feed themselves?

Chapter Highlights

- ☆ Well-planned meals should look attractive, taste good, provide necessary nutritional requirements, satisfy needs and tastes, and be within one's budget.
- ☆ Cycle menus are a set of carefully planned menus that often cover a period of one to four weeks.
- ☆ Cycle menus improve buying of food, provide better use of the caregiver's time, help to make food preparation easier, and save money.
- ☆ The menu planning form lists each meal and the types of foods needed to be included in the daily diet.
- ☆ Planning "special diets" is the responsibility of the dietitian or medical doctor.
- ☆ An older person may be placed on a "special diet" for a short period due to a special condition, such as recent surgery.
- ☆ A therapeutic diet is used to improve a person's health.

(Continued on page 182)

Chapter Highlights

(Continued from page 181)

☆ Some of the more commonly used therapeutic diets are the liquid diet, soft diet, bland diet, diabetic diet, calorie-restricted diet, controlled-calorie diet, fat-restricted diet, and sodium-restricted diet.

☆ The nutrients needed by the body include proteins, carbohydrates, fats, vitamins, minerals, and water.

☆ Mealtimes should be enjoyable experiences for older adults.

☆ Mealtimes give older persons a chance to look forward to something and to socialize.

☆ The caregiver may assist older persons needing help to the table and in eating.

☆ The caregiver should never rush or hurry the older person to eat.

☆ When eating, older persons should be encouraged to do as much as possible.

☆ When the older person eats very little, the caregiver should report it to the person in charge.

☆ The caregiver may assist with tray service in the person's room.

☆ Whether individuals are eating in bed, a wheelchair, or a chair in their room, the signal cord should always be within reach of the person.

☆ Before presenting a tray, the tray should always be checked to make certain it is going to the right person.

☆ When removing the tray and before leaving the room, the caregiver should see that the person is comfortable and should also check the location of the signal cord.

☆ When assisting an older person at mealtime, the caregiver should make sure the food is not too hot, feed the person slowly, never fill the fork or spoon more than half full, and make sure that the person chews and swallows the food before offering more.

☆ The caregiver should always tell individuals with impaired vision what they are being given to eat.

☆ Extra nourishment between meals is given to persons with special medical conditions and to those with decreased appetites.

☆ There are self-help aids for eating that allow older adults to feed themselves which in turn boosts their morale and eliminates overdependence on the caregiver.

Chapter 18

Types of Fitness and Exercise Programs

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.

1H Identify resources for addressing the various needs of older adults.

10E Implement routine procedures that promote health and wellness of older adults.

Chapter Vocabulary

calisthenics
cool-down
exercise program
neuromuscular
physical fitness
warm-up

Some form of regular exercise is particularly important for older adults because of their special needs for continued mobility. Joints tend to become stiff and limited in range of movement unless they are fully used. ***Neuromuscular*** (nerve/muscle) coordination deteriorates with age, and there is a loss of muscle strength which can affect balance and posture and precipitate accidents. Muscle power, tendon strength, and cardiovascular reserves can be restored and maintained with physical activity. The older person should be discouraged from sitting in an armchair and watching television for long periods of time. The activity need not involve strenuous effort or vigorous exercise. All it takes is a daily pattern of mild to moderate exercise. Such a regular effort pays off amply not only with a sense of well-being for the older person, but also by building up a reserve of strength to call upon if the need arises. Such physical reserve in an older person can be critical. It may determine whether one becomes confined to bed or bounces back after a fracture, an operation, or a bout of the flu.

For people who are reasonably fit, walking up and down the stairs is an excellent way to keep the body conditioned. A brisk walk is an ideal and enjoyable way of keeping fit. By walking a planned route every day, older persons will probably be able to gradually

DID YOU KNOW?

Positive changes in patterns of living have shown to preserve function, delay or prevent the onset of disability, and improve the quality of life. The Administration on Aging suggests that older adults can reap health benefits if they:

- improve their diet and nutrition
- maintain an appropriate weight
- stop smoking
- stick with regular physical activity and exercise
- get regular health checkups
- keep physically and mentally active and socially engaged.

increase the distance they cover. As older persons walk, they should swing their arms fully and put a bounce in their step to improve the muscle tone of their legs. The added movement of the arms makes it by far the best exercise for the older adult.

NEED FOR EXERCISE

Physical fitness is an important factor in getting and keeping good health. Living tissue that is not exercised and used breaks down and wastes away; therefore, the object of ***physical fitness*** is to keep the tissues and organs of the human body healthy and working well.

Thus, physical fitness is especially important for older persons who have reached the age when the natural aging process of the body increases. Maintaining physical fitness can help slow down the processes associated with aging. The older adult will look and feel well and be able to carry out daily duties and activities successfully. They will have increased strength and energy, as well as physical reserves to meet unusual demands and emergencies. The following benefits can result from programs of moderate, but regular exercise:

- The strength developed through regular exercise enables an individual to perform daily tasks with ease.
- The ease of movement achieved through regular exercise minimizes the effort required to perform routine tasks.
- Poise and grace come with ease of movement. They help an individual to feel comfortable and to look, feel, and work better.
- Various organs and systems of the body, particularly the digestive process, are stimulated through activity. As a result, they work better.
- Posture can be improved through proper exercise by increasing muscle tone. This not only improves appearance but can also decrease lower back pain and disability.
- Physically active people are less likely to experience a heart attack or other forms of circulatory disease than inactive people. Moreover, an active person who does suffer a heart attack is likely to have a less severe one and more likely to survive and recover. Exercise improves circulation.
- Controlling weight is often a matter of balancing calorie intake with exercise. Inactivity can be as bad as overeating in causing weight problems.
- Since physical activity can help an individual control weight, it can also aid in the prevention of certain diseases. Diseases of the heart and blood vessels, as well as diabetes and arthritis, strike the overweight more often and more seriously than they strike people who are fit and trim.
- While exercise cannot prevent stress, it can help persons cope better. For many

individuals, frequent involvement in some sort of physical activity helps reduce mental fatigue, tension, strain, or simple boredom. At the same time, proper exercise is enjoyable, providing relief from tension and serving as a safe and natural tranquilizer.

◆ Essential Questions: ◆
Need for Exercise

1. Why is physical fitness important for older persons?
2. What is considered the best and easiest exercise for the older adult?
3. What are the benefits of regular exercise for the older person?
4. How is posture affected by proper exercise?
5. How can exercise help an individual in coping with stress?

MEETING THE RECREATIONAL NEEDS OF OLDER ADULTS

With doctor's approval, the caregiver can assist the older person with exercise. Remember, the older adult should start out slowly when they begin an ***exercise program*** (daily or weekly physical activities) and build up strength gradually. The exercise program should include these three basic parts:

- ***Warm-up***–first phase of the exercise program. The body gets ready to exercise and makes muscles more flexible (five to ten minutes).
- Exercise–second and major phase of the exercise program. The body is pushed toward its target heart rate zone (twenty to thirty minutes).
- ***Cool-down***–last phase of the exercise program. The body is allowed to return to normal following vigorous exercise (five to ten minutes).

Brief periods of mild calisthenics are a good way for the older person to begin an exercise program. ***Calisthenics*** are useful exercises that depend upon physical stamina and include exercises such as trying to touch one's toes, moving arms forward, up and then out, and putting hands on waist and bending or squatting down and stretching. Lying flat on the floor and trying to pull oneself up is a good exercise for strengthening the stomach muscles.

◆ Essential Questions: ◆
Meeting the Recreational Needs of Older Adults

1. What are the three basic parts to an exercise program?
2. How are calisthenics useful for an older adult?

REGULAR EXERCISES

The older person should set aside thirty minutes to an hour a day for a planned program of physical activity. The exercise time should be considered just as important as eating a proper diet or keeping clean. The caregiver can help the older person keep a record of the exercises performed and how many times they are repeated. One way of adding to the fun of the exercise program is to play music while the older person is exercising. The caregiver can select favorite tunes of the older person or can find music that fits the tempo of the various movements. This is particularly interesting when walking indoors. Some people will enjoy exercising while watching television. The older person might be interested in exercising with family or friends in each other's homes or at a local center or club.

When exercising, comfortable clothing should be worn. The older person should avoid tight-fitting, restrictive clothes. Shorts or slacks, well fitting shoes with nonslip soles and low (or no) heels should be worn for exercising.

There can be alternatives to a daily exercise schedule. If the older person can enroll in a keep-fit program at a school or the local recreation center, the home-exercise routine can be skipped on those meeting days.

If older adults are able to take part in a sport appropriate for their physical condition they should do so. Other active forms of recreation should be worked into the daily life of the older person whenever possible. Such activities as gardening, fishing, archery, horseshoes, ping-pong, shuffleboard, a family outing, or an evening of social or square dancing are not only fun, but will help to keep the older person vigorous. Age need not be a barrier to participation. These activities should be added to, not substituted for, the daily exercise routine.

The older person should continue adding a little more action to the daily exercise routine and the supplementary physical activities. Gradually, day by day, the older person should find ways to move "more" rather than less. Keeping this in mind, the caregiver might suggest that the older person walk to the neighborhood store instead of driving (or being driven), walk down a flight of stairs instead of taking the elevator, and walk up the stairs when back in shape.

In today's sedentary world, particularly the older person's world, caregivers need to look for opportunities to help the older person move his or her body. It is good for the older person to always have some active project underway. Some examples include: putting in a new flower bed, cutting wood, building a fence, painting a room, mowing the lawn, and many other jobs and interests that keep the older adult busy and youthful.

◆ Essential Questions: ◆ Regular Exercises

1. How can regular exercise become a part of an older adult's daily routine?
2. How much time should be set aside each day for the planned exercise program of an older adult?

EXERCISE PROBLEMS

Problems with the feet, legs, knees, and hip joints are fairly common with older adults. Any problem of the lower extremities, whether bunions, arthritic knees, or varicose veins, may interfere with proper performance of many exercises, particularly walking and jogging. The caregiver should check that the older persons have made sure they have done all they can to obtain needed medical treatment for the problem. Once this has been done, they can substitute the following activities for walking and jogging:

- Swimming and water exercises
- "Bicycling" movement can be done while lying on the floor with hips and legs in the air supported by the arms and elbows
- Riding a bicycle (in a safe area)
- Pedaling a stationary bike
- Playing golf (using a golf cart)
- Exercising on wall pulley-weights or rowing machine
- Passing a medicine ball with a partner

while standing or seated or bouncing the ball off a wall in continuous rhythmic movement.

The American Heart Association has said that regular exercise not only improves blood circulation and reduces the risk of heart disease, but also helps people handle stress better, relax and sleep better, and along with proper diet, helps control weight. Better fitness not only improves a person's chances of survival, but also enhances the quality of life.

◆ **Essential Questions:** ◆
Exercise Problems

1. What kinds of activities can be substituted for walking and jogging?
2. How does better fitness enhance the quality of life?

SPORTS

Older persons who have enjoyed sports and whose health and stamina allow participation may want to continue the physical activities. Sports are not only enjoyable and good for some older persons, but also contribute to their fun and fitness. The International Committee on the Standardization of Physical Fitness Association recommends the following activities for mature adults fifty years and over: archery, badminton, bowling, putting, golf, curling, table tennis, deck tennis, shuffleboard, volleyball, horseshoes, croquet, darts, billiards, tennis, swimming, boating, sailing, trail walking, gardening, bicycling, skating, dancing, shooting, fishing, and horseback riding.

The committee also recommends the following specific fitness programs:

- Need–Physical fitness and work capacity
  Activities–Walking and fishing
- Need–General health
  Activity–Swimming
- Need–Appearance
  Activity–Walking and volleyball
- Need–Physical recreation
  Activities–Tennis, swimming fishing, and volleyball

It is also recommended that after age fifty, a person should avoid running and highly competitive sports unless participation is pre-approved by a doctor. Swimming, bicycling, golf, and other less strenuous sports can be entered into without medical supervision. Over age sixty, the person can participate in the same sports as long as they do not run, jog, or even run in place–unless the person had started the activities early in life and has maintained them. The best kind of activity builds the person up to a steady level of exertion and involves as many muscles as possible. Many older persons will find bicycling, tennis, badminton, skating, swimming, brisk walking, or vigorous dancing enjoyable.

The best and easiest activity for most older persons is walking. Some doctors say that a five-mile walk is better for the health of anyone not already too ill to walk than all the medicine and philosophy in the world. Older persons should always seek their doctor's advice about their fitness for a sport before starting it. The caregiver can make certain the older person has checked with the doctor and might assist with the selection of appropriate equipment and attire.

◆ Essential Questions: ◆
Sports

1. What are some activities recommended for mature adults fifty and over?
2. Why should older adults contact their doctors before participating in any sport?

Chapter Highlights

☆ Some form of regular exercise is particularly important for older adults because of their special needs for continued mobility.

☆ Joints of the older adult tend to become stiff and limited in range of movement unless they are fully used.

☆ Neuromuscular coordination deteriorates with age, and there is a loss of muscle strength that can affect balance and posture and precipitate accidents.

☆ A daily pattern of mild to moderate exercise pays off with a sense of well-being for the older person.

☆ A brisk walk is an ideal and enjoyable way for the older individual to keep fit.

☆ Physical fitness is especially important for older adults who have reached the age when the natural aging process of the body increases.

☆ The strength developed through regular exercise enables an individual to perform daily tasks with ease.

☆ The ease of movement achieved through regular exercise minimizes the effort required to perform routine tasks.

☆ Various organs and systems of the body, particularly the digestive process, are stimulated through activity.

☆ Regular exercise improves blood circulation, reduces the risk of heart attacks, helps people handle stress better, aids relaxation and sleep, and along with proper diet, can help control weight.

☆ An exercise program should include three basic parts: warm-up, exercise, and cool-down.

☆ The older person should have the doctor's approval before starting an exercise program.

☆ Recommended activities for mature adults fifty years and over include archery, badminton, bowling, putting, golf, curling, table tennis, deck tennis, shuffleboard, volleyball, horseshoes, croquet, darts, billiards, tennis, swimming, boating, sailing, trail walking, gardening, bicycling, skating, dancing, shooting, fishing, and horseback riding.

☆ The best and easiest all-round activity for most older persons is walking.

Chapter 19

Hobbies and Educational Activities

Chapter Focus

The following Essential Knowledge and Skills are included in this chapter:

2B Implement strategies that enhance cooperation and involvement between family members and older adults.

2C Utilize appropriate applications of technology that enhance opportunities for older adults to maintain involvement, pursue lifelong learning, and continue making contributions to society.

8A Utilize planning and group leadership techniques to meet the recreational needs of older adults.

10E Implement routine procedures that promote health and wellness of older adults.

Chapter Vocabulary

- adult education
- audit
- domestic activities
- Elderhostel programs
- extension courses
- family genealogy
- Friends of the Library
- Golden Age Clubs
- Library Services and Construction Act Amendments of 1984
- senior centers
- weekend scholars
- YMCA
- YWCA

Educational activities encourage growth and self-development regardless of age. Doctors say that the one organ we can depend upon to last us into aging is the brain. Even at age eighty, the brain can learn at the speed of a thirteen-year-old. As most older persons are not interested in academic or occupational advancements, they participate in educational activities for the enjoyment, fun, and satisfaction of learning.

ADULT EDUCATION

More and more older persons are participating in some form of ***adult education***. Learning programs and services for older citizens are offered in most communities through senior centers, universities, churches, schools, libraries, museums, volunteer agencies, or retirement housing facilities.

DID YOU KNOW?

The educational level of the older population is increasing. Between 1970 and 1998 the percentage who had completed high school grew from 28 to 67 percent. In 1998, approximately 15 percent had a bachelor's degree or more education.

Universities, Junior Colleges, and Community Colleges

Most universities and colleges offer adult education courses, or ***extension courses***. They also encourage ***weekend scholars*** and offer mini-courses and summer programs for older adults.

Many universities and colleges offer persons sixty-five years of age or older an opportunity to ***audit*** (attend and listen in), free of charge, any credit course as long as there is space available. Some universities offer special classes each semester covering a wide range of subjects from western dance to income tax. The classes are free or at a low cost. To encourage older adults to pursue their interest in learning, some universities organize special clubs, such as the "League of Older Students." This club helps members find their way around the campus and offers counseling on various problems. Other universities offer a "Back to College" day or week to give the older adult an opportunity to become acquainted with the campus and to look over the courses being offered. Some universities have planned and constructed a dormitory connected to a retirement housing project so that the younger and elder students can mingle and study together. The caregiver can encourage the older person, who indicates an interest in learning, to look at the universities and colleges in the community.

YMCA and YWCA

Local Young Men's Christian Associations ***(YMCA)*** and Young Women's Christian Associations (***YWCA***) usually have excellent adult education programs. The arts and crafts that are often emphasized in these programs do not require extraordinary talent, but they do allow the older person to turn out satisfying and attractive objects. Programs at the Y's usually require a small fee that varies depending on whether the person is a member or a nonmember.

Senior Centers and Golden Age Clubs

In all parts of the country, clubs and care centers for senior citizens have sprung up with astonishing spontaneity. There is hardly a town so small or a county so isolated that it does not have some club or organization for older citizens. The ***Senior Centers*** and ***Golden Age Clubs*** meet the needs of many older adults for companionship and sociability. The expense of belonging is small. Status in the centers is established by personal ability and integrity rather than wealth. Another feature that appeals to older adults is the absence of a time clock. Everyone moves at their own pace, and attendance is voluntary. The caregiver can locate local centers and clubs and find out the schedule of activities and cost of participating.

Many national organizations have local chapters and branches with programs for the older adult population. A directory of voluntary organizations with programs in the field of aging is published by the U.S. Government Printing Office and can be requested by mail. After locating a center or club with a program that interests the older person, the caregiver can assist with transportation and plans, can gather any necessary supplies, and can remind the person as to the time and date of the meetings.

Special Interest Classes

Schools, libraries, museums, churches, and park districts also offer learning programs on numerous subjects for older adults. Classes may include meaningful topics such as music, current events, politics, travel, computer, art, etiquette, food preparation, comparative religions, understanding people, sewing techniques, and book reviews. Other individualized special-interest activities that are educational include the meetings and clubs for hobbies such as stamp and coin collections, gem stone and leather work, photography, garden clubs, and quilting. Shops that sell the supplies usually offer free classes for their customers.

The older person may want to continue to learn about an interest based on early life experiences. For others it will be a stimulating challenge to learn something entirely new.

Legislatures, concerned that library facilities and services be accessible to older adults, passed the ***Library Services and Construction Act Amendments of 1984***. This legislation requires that the state's annual program for library services "describe the uses of funds for programs for older adults, which may include the following:

- the training of librarians to work with older adults
- the conducting of special library programs for older adults, particularly for those who are disabled
- the purchase of special library materials for use by older adults
- the payment of salaries for older persons who wish to work in libraries as assistants on programs for older adults
- the provision of in-home visits by librarians and other library personnel to older adults
- the establishment of outreach programs to notify older adults of library services available to them
- and the furnishing of transportation to enable the older adult to have access to library services."

Elderhostel Programs

Elderhostel programs provide high-quality, affordable, and educational programs for adults 55 and older. The short-term programs have access to programs at universities, national parks, museums, conference centers, and other learning sites in the United States Canada, and many other countries.

Inspired by youth hostels and folk schools of Europe, elderhostels are guided by the needs of lifelong learners. Elderhostel, Inc., is a nonprofit organization which offers these short-term programs for older adults to share new ideas, explore new places, and make new friends. Participants are required to get themselves to and from the program, but registration, accommodations, meals, classes, and field trips are included in the program package.

◆ Essential Questions: ◆ Adult Education

1. Why is it important to meet the older adult's need for educational activities?
2. What are the benefits of educational activities?
3. How can the older adult's need for educational activities be met?
4. Why do many older adults participate in educational activities?
5. How do colleges and universities encourage older adults to participate in adult education?
6. What types of learning programs are offered by other groups such as YMCA, Senior Citizens, Elderhostels, libraries, and museums?

CHURCH AND RELIGION

Religion is closely related to education during all phases of life as it encourages self-development and growth. The caregiver should remember that religion is personal. They must also recognize individual rights and leave the interpretation and application to be determined by each older person.

Religious services and social functions are important to many older persons because they have lived and practiced their religion for most of their lives. Religious activities provide a continuation of former life activities. Religious beliefs and customs are also important to many older persons because their belief in God and their faith gives them the spiritual strength to live the remaining part of their lives. The clergy, especially the minister of their faith, is special to older adults who welcome the visits of the minister. In a private home situation, the caregiver may be asked to assist and escort the older person to religious activities. In elder care facilities, the caregiver can do the following:

- welcome all members of the clergy as they visit
- answer questions about older adults courteously and adequately
- assist the clergy as needed

The caregiver should encourage visits by the clergy when the older person is unable to leave home and has expressed a desire for the clergy to visit. The caregiver can also check to see if the homebound older person can assist the congregation by making phone calls, addressing envelopes, or doing other work.

When a special interest is indicated, the caregiver can encourage the older person to pursue knowledge about the topic of interest. They can also encourage regular attendance.

Meaningful hobbies and activities enable older adults to live as fully and independently as they desire and as their capability allows. Hobbies and activities are not just busy work or freedom from boredom for older adults. They offer the older adult an opportunity for self-awareness, self-fulfillment, and dignity. They also provide older adults with opportunities for growth—socially, mentally, physically, emotionally, intellectually, and spiritually.

When suggesting hobbies or activities for an older person, the caregiver should keep in mind the amount of time the different projects will take to complete. Projects requiring more time and effort are often of more interest and value to many older persons than several short projects. Other older persons might prefer a number of short projects. Still some older adults may prefer activities with continuity that are something they can return to time after time.

When suggesting a hobby or other activity to an older person, the caregiver should keep in mind the skills and interests of the individual, the costs of supplies, and the necessity of lessons or classes. Depending upon the individual, the hobbies or activities suggested for the older person should allow for adventure, companionship, creativity, learning, participation, recreation, recognition, relaxation, self-expression, and solitude.

◆ Essential Questions: ◆
Church and Religion

1. How is religion related to education?
2. What considerations should be made by the caregiver in regard to the religious beliefs of the older adult?

HOBBIES AND ACTIVITIES

Many older persons have had hobbies in their younger years that could become a consuming interest in their later years. The older person may have more time for hobbies but often less energy and money to spend. Hobbies for older adults need to be enjoyable, stimulating, not too strenuous, and affordable for a fixed or limited income. Much too often, older persons become accustomed to passive ways of spending time, such as watching television, and forget how to stimulate and amuse themselves. Not only can the caregiver encourage some older persons to renew past hobbies, but they also can influence others to develop new hobbies.

There are many hobbies and activities the caregiver might suggest to the older person. A few of them include collecting hobbies (coins, jewelry, photographs, stamps, bottles, dolls, buttons, and recipes); crafts (ceramics, knitting, crocheting, photography, leather tooling, quilting, weaving, and carving); and projects made from scrap materials (patchwork articles, braided rugs, wastebaskets, bird feeders, flowers, canisters, and wreaths). The caregiver can find directions for project ideas in current magazines as well as resources in the library.

In some situations, the caregiver can encourage the older person to participate in domestic activities such as cooking, flower arranging, gardening, and the care and raising of a pet. ***Domestic activities*** are activities related to home and garden care as well as activities to benefit the home and family environment. When suggesting a hobby or activity, the caregiver must always keep in mind the needs and wants of the older person.

Games

For the older person who likes to play games, there are many kinds available such as cards, dominoes, chess, checkers, as well as games like Monopoly, Scrabble, cribbage, and backgammon. There are also active games such as shuffleboard and ping pong available. Jigsaw puzzles are a favorite activity for many older adults as well as the video games played on a television screen. Regardless of the game enjoyed by the older person, the caregiver should see that the equipment and needed items are readily accessible. The older person may ask the caregiver to play some of the games with him or her. If the caregiver does not know the rules, the older person may enjoy being able to explain the rules of a game. When it is a new game, the caregiver can encourage the older person to invite friends in to play. If the older person would like, the caregiver could prepare to serve refreshments, provide prizes for the guests, and arrange the room for the activity.

Writing

Often older persons find it interesting to write down memories. They can record what happened during early childhood and what is remembered about parents, grandparents, or other relatives. Some older persons might be interested in putting the personal experiences in story form and some may even want to investigate the possibility of publishing the stories. If an older person indicates an interest in writing poetry, they should be encouraged to do so. The older person with arthritic fingers or reduced muscle coordination will find an enlarged pen or pencil easier to hold. (See Figure 19.1.)

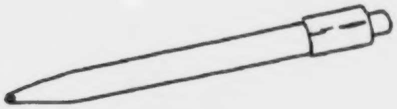


Figure 19.1

Another writing aid that may be helpful to the older person with hand problems is a lightweight plastic ball that holds a standard sized pen or pencil as illustrated in Figure 19.2.

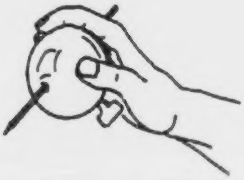


Figure 19.2

The plastic ball is three inches in diameter with a 3/4-inch hole through the center. One end of the ball is flattened to prevent the ball from rolling. A side screw with flipper-type head intersects the hole to clamp pen or pencil. The ball can also be used with a toothbrush or eating utensils.

A lap desk provides a smooth, non-glare work surface for the older person especially if the person is confined to a chair or bed. A lap desk is a slanted, wedge-shaped cushion fitted with a smooth, hard surface. It can be used as a portable desk, writing surface, or reading surface, or for playing some card games. (See Figure 19.3.)

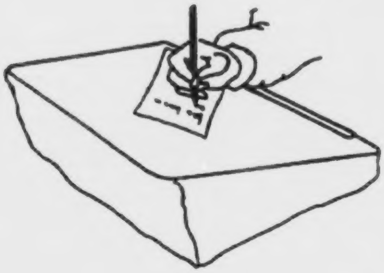


Figure 19.3

Family Genealogy

Some older persons may be interested in tracing their ***family genealogy*** or family "tree." The caregiver can assist older adults in their pursuit by helping them do the following:

- Gather all possible information from relatives, especially the older ones. Friends and neighbors can provide valuable information too.
- Sort through family papers, such as family Bibles, letters, and diaries that may provide notes of weddings, births, and baptisms. Gravestones often record important dates and names.
- Check church records, birth and death certificates, marriage licenses, and official records that can provide information. Wills sometimes provide more than the records of bequests and disposals. Military, immigration, and pension records of the survivors yield a great store of genealogical data. Early land records, tax lists, mortgage records, and ship logs may be helpful. The first U.S. Census was taken in 1790; this and other available census data may be useful.
- Contact public libraries. The libraries may not contain a special collection of genealogical material, but the librarian will know where such a collection can be found. Books on how to research genealogy are available at the public library.

Many older adults are using the Internet to trace their family genealogy. There are numerous Internet Web sites that provide assistance in tracing one's family tree or putting the older adult in contact with others who may be investigating their own families as well. Several software programs are also available to help the older adult with their quest.

The caregiver can assist the older person in organizing a scrapbook, loose photographs, postcards, or mementos that the individual wants to keep and enjoy. They can be arranged in a way that is meaningful. The caregiver can assist with the layout of pages and make the notations or captions on the pages. Special scissors that reduce painful finger action can be helpful to the older person with hand problems or arthritic fingers. Scissors are available that squeeze shut with the palm and spring open automatically after each cut. (See Figure 19.4.)

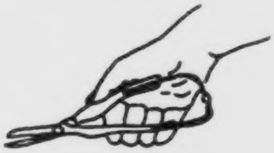


Figure 19.4

Drawing

Some older persons may have an interest in art. The caregiver can encourage older adults to pursue the work. The older person who has an interest in art but has never painted might enjoy line drawing. The caregiver can show the older person how to keep his or her eye on the subject and move the pen, as though following the outline of the object. Then they fill in the wanted details by letting the pen move to the desired areas and back to the basic outline. The pen must be kept on the paper until the drawing is completed. A brush with water colors can be used to shade and add color to the drawing.

Reading

As with all individuals, some older adults will have an avid interest in reading, while others have no interest in reading. The caregiver can locate books that the older person requests or select books on topics of interest to the person. Besides getting the book at the public library, the librarians will be helpful in suggesting books on specific topics. The caregiver should note when the books are due and make sure they are rechecked or returned back to the library before they are overdue. When the tasks to be accomplished make it difficult for the caregiver to travel to and from the library and books are overdue or new selections are needed, the ***Friends of the Library,*** or a similar group, can be helpful. Such groups provide services that may include bringing books to the older person's home, visiting with the person to learn of his or her interests, and providing a pick-up and delivery service. For the older person who cannot read, but is interested in books, there are books available on tape cassettes and records. For the older person whose vision is poor, large-print reading materials are available. To encourage an older person to read or to give pleasure to any avid reader, the caregiver can suggest attending a book review.

The caregiver may be asked to read aloud to the older person and should first read the parts of a magazine or newspaper that the older person finds interesting. The caregiver should read distinctly, neither too fast nor too slow. The caregiver should show interest in the subject and put sincere expression in the words without sounding false or too dramatic. If the older person is partially deaf, the caregiver should face the person directly when reading aloud so the person can lip read.

Music

Music can be therapeutic by elevating or calming emotions. It can create a better eating atmosphere and help to relieve pain and insomnia (difficulty sleeping). Music can also reverse a person's mood. If the person is trying to rest or relax, soft soothing music can help. Jazz or "beat" music can lift the spirit. A small portable radio near the bed gives the older person a more independent feeling. The television, radio, record, or tape player are all sources of musical entertainment.

Many older adults enjoy playing musical instruments such as the piano, keyboard, guitar, and trumpet. Individuals are able to keep using their musical skills as well as maybe acquiring new ones.

Pets

Pets are great companions for older persons. Dogs and cats help everyone overcome the pain of loneliness by supplying companionship and affection. For anyone who is left alone, pets can also supply a sense of security and protection. Pets can make a person laugh and divert their minds away from problems. Pets can broaden one's circle of friends and encourage good health through exercise. Studies show that pets can aid relaxation, lower one's blood pressure, promote health, and prolong life. Nurtured by the affectionate attention of pets, stress and anxiety are eased. Anyone who has ever bonded with one will confirm the value of a pet. Studies have shown that pet companionship may actually improve a person's health and outlook on life.

Some communities have programs that let qualifying older adults adopt older pets from animal care centers free of charge. Each adoption includes the initial vaccinations, spaying and neutering costs, a free veterinary examination and a seven-day exchange. The only cost to the older adult is the state mandated pet licensing fee. The programs assists older persons in finding pet companionship and helps unwanted older animals find new and loving homes.

Patients in hospitals or nursing homes who have regular visits from their pets have shown to be more receptive to treatment. Their pets bring love and acceptance that boosts self-esteem and helps give the patient the incentive to recover and the will to live. Animal programs in nursing homes increased self-care activity and mobility; residents "came alive," their spirits lifted. Depressed patients who were unwilling to work to regain lost skills resulting from a stroke – when given a pet to play with – began to smile and cooperate with therapists. Those who have Alzheimer's disease may experience loneliness and emotional isolation. A pet is always there, eager to please, no matter what the person's state.

Some pet programs at nursing homes are credited with enabling patients to reach out beyond their own pain and isolation and start caring about the world around them once again. A lot of these patients have many losses, personal as well as some physical health problems. It is important for them to have something like a puppy that's so accepting, that does not care if a person is in a wheelchair or if they cannot walk. The puppy loves everybody and it means a lot to the patients.

Many studies also show that pets are psychologically important to the elderly as they help stimulate socialization by providing a topic of conversation with others where stories of happy moments with pets are shared. When people talk to people, blood pressure tends to go up because individuals may wonder how the other person is evaluating them. With pets, that concern does not exist.

For an older person whose wife or husband has died, a pet may be the only being that they can cuddle and talk to which is so important for human existence. A pet can help us cope with the loss of a loved one and help us adapt to changing circumstances such as an illness or a change in living arrangements.

Gardening

Gardening is another popular activity for the older person. It not only provides exercise for the older adult but it also instills a sense of accomplishment. Gardening is also a physical activity that can help some adults relieve stress. Nurturing plants to grow and thrive can provide great satisfaction. It is an activity that many adults have enjoyed throughout their lives. Others may not have had the opportunity earlier in their lives and it may be a new experience.

Even a flower bed is space enough to grow salad greens or herbs for the table. Plant boxes and large pots can also be used when space is limited.

Gardening offers many challenges and opportunities to meet many interests such as growing unusual or rare plants, trying new plants, specializing in a particular variety, and even growing plants for resale. If outdoor gardening is too strenuous, caring for a houseplant is a good way to bring the outdoors inside. Friends are often willing to supply free cuttings or the older gardener offers flowers, plants, or produce to others. These activities can also provide companionship and sharing for the older person.

Individual or Group Activities

The types of activities chosen will be as different as the personalities of each older person. Some older persons will prefer to work in groups in order to socialize by participating with others. The companionship is important and gives them the opportunity to share concerns and feelings with peers.

Whether the older person is interested in individual or group activities, the selected activity should be relaxing and enjoyable and provide the person with diversity, reduce anxiety, and relieve stress.

There are a wide range of hobbies and activities for the older person who prefers solitary activities and enjoys being alone.

Older persons who prefer activities with other individuals can be encouraged to participate in learning programs for older adults on such subjects as arts and crafts, hobbies, recreational and aesthetic opportunities, consumer education, and personal development.

◆ Essential Questions: ◆
Hobbies and Activities

1. How do meaningful hobbies and activities benefit the older person?
2. Why is it important to meet the older adult's need for hobbies and activities?
3. What kinds of opportunities for growth do meaningful hobbies and activities provide for older adults?
4. Depending upon the older adult, what should the suggested hobbies and activities allow for?
5. What kinds of hobbies might be suggested to an older person?
6. How might the caregiver assist the older adult who likes to play games?
7. How can the caregiver assist the older person with writing activities?
8. What kinds of services do groups such as Friends of the Library provide for older adults?
9. How can older adults benefit from the companionship of pets?
10. What are the benefits of other hobbies and interests such as family genealogy and gardening?
11. Why do some older adults prefer individual activities while others enjoy group activities?

Chapter Highlights

- Educational activities encourage growth and self-development regardless of age.
- Most older persons participate in educational activities for the enjoyment, fun, and satisfaction of learning.
- Adult education or extension courses are offered to older persons at most universities and colleges.
- Older adults are often allowed to audit, free of charge, any credit courses as long as space is available.
- Excellent adult education programs are offered by the YMCA, YWCA, and other agencies.
- Senior Centers and Golden Age Clubs meet the needs of older adults for companionship and sociability.
- Schools, libraries, museums, churches, and park districts offer learning programs on numerous subjects for older adults.
- Religion is closely related to education during all phases of life as it encourages self-development and growth.
- Religion is personal and the interpretation and application should be determined by each older person.
- Elderhostel programs provide high-quality, affordable, and educational programs for adults fifty-five and older.
- Meaningful hobbies and activities enable older adults to live as fully and independently as they desire and as their capability allows.
- Meaningful hobbies and activities provide older adults with opportunities for growth--socially, mentally, physically, emotionally, intellectually, and spiritually.
- Depending upon the individual, the hobbies or activities suggested for the older person should allow for adventure, companionship, creativity, learning, participation, recreation, recognition, relaxation, self-expression, and solitude.
- The caregiver not only can encourage some older persons to renew past hobbies, but they can also influence others to develop new hobbies.

(Continued on page 201)

Chapter Highlights

(Continued from page 200)

☆ When suggesting a hobby or activity, the caregiver must always keep in mind the needs and wants of the older person.

☆ For the older person who likes to play games, there are many kinds available—cards, dominoes, chess, checkers, Monopoly, Scrabble, cribbage, and backgammon. Also active games like shuffleboard, ping pong, jigsaw puzzles, and video games are available.

☆ Writing activities such as writing memories, stories, or poetry appeal to many older persons. Some older adults will enjoy the pursuit of tracing their family genealogy.

☆ The caregiver can assist the older person in organizing a scrapbook, loose photographs, postcards, and mementos.

☆ Music can be therapeutic by elevating or calming emotions.

☆ Studies have shown that pet companionship may actually improve a person's health and outlook on life.

☆ Gardening provides exercise for the older adult and instills a sense of accomplishment.

☆ Some older persons prefer to work in groups in order to socialize by participating with others.

☆ Some older persons prefer individual activities as they find socializing with others more effort than enjoyment.

Chapter 20

Practices That Promote Health and Wellness

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.

10A Explain the causes and prevention of communicable diseases.

10C Identify possible signs of illness in older adults.

10E Implement routine procedures that promote health and wellness of older adults.

Chapter Vocabulary

- bacterium
- diphtheria
- estrogen
- hormone
- infectious disease
- influenza
- mammogram
- menopause
- objective observations
- osteoporosis
- pap smear
- pelvic exam
- preventive measures
- prostate gland
- subjective observations
- tetanus
- blood pressure
- diastolic pressure
- heart rate raise
- heart rate reserve
- maximum heart rate
- monitor
- pulse
- respiration
- resting heart rate
- systolic pressure
- target heart rate
- temperature
- vital signs

Maintaining good health is more than just preventing illness. Other factors necessary for good personal health are emotional stability, vitality, and a zest for living. Maintaining good health will not only help to prevent illness but will provide the older adult with the opportunity to live more full and satisfying lives.

As one ages, it becomes more difficult to ward off the effects of disease, accidents, and other stresses. It becomes necessary for the older adult to take precautions against

DID YOU KNOW?

Some diseases may appear differently in older people. For example, a heart attack may occur in an older adult without chest pain, and appendicitis may occur without the same abdominal tenderness that a young person often experiences.

National Institute on Aging

accidents, exercise regularly, eat an adequate diet, and receive periodic medical examinations.

PREVENTIVE MEASURES

There are several ***preventive measures*** the older adult can engage in on a daily basis, such as diet and exercises (discussed in earlier chapters). Others, are required less frequently, such as medical examinations. The older caregiver needs to be aware of the various preventive measures the older adult can take. This will enable the caregiver to encourage the older adult to incorporate these preventive measures as part of their lifestyles.

Exercise

Regular exercise is one of the important elements in the prevention of deterioration and maintenance of physical, as well as psychological, well-being. It reduces factors that contribute to heart disease and thus promotes longevity. Regular exercise can increase oxygen consumption, ventilation capacity, blood flow, and muscle tone. It also has a direct effect upon one's state of emotional stress, general morale, boredom, and general outlook toward life.

Nutrition

Nutrition plays a major role in the physical and emotional well-being of older adults. Eating a healthy diet provides the body with energy, strength, and an increased capacity to resist infection and disease. Refer to Chapter 14 for additional information on nutrition.

Physical Examinations

Older adults need to maintain a relationship with a personal physician and have a regular program of physical examinations for disease detection. Regular physical exams can detect any early signs of illness and influence the older person's attitude toward health. The exams can also help to boost personal morale and self-esteem. Individuals over sixty should have an exam once a year.

Gender Related Health Concerns

In addition to annual physical exams, older men and women require specific gender-related preventive health care. From the time a woman enters her childbearing years up until the last year of her life, the routine medical attention she requires extends over and above that of her male counterpart.

Even though older males have fewer gender specialized health concerns than do older females, men's specific health concerns require equal quality medical attention and monitoring.

Older Men. The ***prostate gland***, an organ in the male reproductive system, often causes health problems for older males. Examination of the prostate gland by the attending physician is included as part of an annual physical exam for men. Enlargement of a prostate gland will require additional attention or follow-up. Older men are more prone to develop prostate problems than men in other age groups.

It is not uncommon for the prostate gland to become enlarged in men over the age of fifty. An enlarged prostate gland can obstruct the urinary tract and lead to kidney damage or a bladder infection. Some cases may require surgical removal of the prostate gland.

The risk for developing cancer of the prostate gland increases with age. Frequently, by the time prostate cancer is diagnosed, the cancer will have spread to other parts of the body. Yearly examinations of the prostate gland, along with the annual physical, is recommended for early detection and treatment of prostate cancer.

Physicians should be notified of signs of other conditions such as heart disease and depression. The risk for developing these conditions, however, does not fluctuate due to gender differences as it does for women.

Older Women. Women's specific health issues include the following:

- breast cancer
- cancer or disease of the reproductive organs
- osteoporosis

As the incidence of breast cancer and cancer or disease of the reproductive organs increases with age, it is important that older women receive regular mammograms, pelvic exams, and pap smears. These tests play an important role in the early detection of women's gender-related cancers and diseases.

- ***mammogram:*** a low-dose X-ray of the breast. It is recommended that women over the age of fifty have a yearly mammogram in order to detect any growths or abnormalities occurring in their breast tissue that might be cancerous.
- ***pelvic exam:*** the standard procedure for examining a woman's reproductive organs and surrounding internal areas. The examination provides the physician with information such as abnormalities, tumors, cysts, infections, or muscle weaknesses of reproductive organs and internal tissue. Yearly exams are recommended.
- ***pap smear:*** a simple cancer detecting test requiring laboratory evaluation. Pap smears should be performed yearly in conjunction with annual pelvic exams.

Menopause, or the cessation of a woman's menstrual cycle, marks the end of a woman's childbearing years. At the time of menopause, a ***hormone*** (substance produced by a body organ) called ***estrogen*** reaches very low levels. Lowered levels of estrogen in the body can eventually lead to the following conditions:

- osteoporosis
- increased risk for heart disease
- depression and/or insomnia

One way to alleviate some of the negative affects of menopause is to take prescribed medications to regulate the body's hormonal levels. If hormone levels are not regulated properly women can develop an increased risk for osteoporosis, heart disease, and/or depression.

- ***Osteoporosis:*** a bone disorder that causes bones to become brittle and porous. Hormone medications can reverse bone loss for up to two years. Osteoporosis is a major contributing factor to hip, spine, and wrist fractures and afflicts nine out of every ten women over the age of seventy-five. There is no cure for osteoporosis; however, some lifetime preventive measures include a diet high in calcium (vital for bones) and a regular exercise program.
- Heart disease: for a long time identified as a male health issue, is now recognized as a killer of as many older women as it is of men in similar age groups. The risk for women developing heart disease increases after childbearing years to equal that of men.
- Depression: can occur prior to, following, or as a result of hormone changes in the body. Depression should be brought to the attention of a physician who may prescribe appropriate medication and/or recommend appropriate therapy. An increase in activity

levels, such as beginning a regular exercise program, has been known to lessen feelings of depression.

◆ Essential Questions: ◆
Preventive Measures

1. Why is important to maintain good health throughout one's life?
2. What are four preventive measure that older persons can engage in to maintain good health?
3. How can the caregiver encourage an older person to follow preventive measures to ward off diseases, accidents, and other stresses?
4. What health prevention examinations should older men have done on a yearly basis?
5. What is estrogen, and what two health risks increase for older women whose bodies no longer produce it?
6. What are three health prevention tests that older women should have done every year?

INFECTIOUS DISEASES

An ***infectious disease*** is a disease that has a tendency of spreading to others. There are many different types of infectious diseases such as scabies, shingles, ringworm, dysentery, influenza, acquired immunodeficiency syndrome (AIDS), hepatitis, and tuberculosis (TB). Some infectious diseases are controllable through immunizations, while others depend entirely upon preventive measures. The overall number of reported cases of infectious diseases has greatly decreased over the years. This is due to strict enforcement of sanitary procedures in institutional care, less crowded conditions, and an increase in educational awareness about early intervention, detection, and treatment.

Two infectious diseases that have received much attention in recent years through the media and publications are acquired immune deficiency syndrome (AIDS) and tuberculosis (TB). Unlike most other infectious diseases, new cases of both AIDS and TB diseases continue to multiply on a daily basis, and all age groups of the population can be affected, including older adults. The number of older people with HIV/AIDS is on the rise. About 10% of all people diagnosed with AIDS in the United States, some 75,000 Americans, are age fifty and older. Because older people don't get tested for HIV/AIDS on a regular basis, there may be even more cases than we know. The number of people with tuberculosis continues to rise as well. Approximately 30,000 individuals are reported each year. Although TB disease can be successfully treated, there is not at this time a cure for the AIDS disease. This means that implementing recommended preventive measures to stop the spread of the HIV virus that causes the AIDS disease is especially crucial.

Older persons suspected of having contracted the HIV virus should be recommended for testing as soon as possible. Many people who are infected with the HIV virus do not have symptoms and in fact may never develop AIDS. It may take seven to eight years or even longer before a person infected with the HIV virus actually develops the AIDS disease. Although the symptoms of AIDS vary from person to person, some of the physical signs may include the following:

- recurring fever
- diarrhea that persists for more than two weeks
- persistently swollen glands in the neck, underarm, or groin
- weight loss without explanation
- chronic fatigue
- night sweating

- shortness of breath
- dry cough

TB skin tests should be administered to older adults, as recommended, to determine if they are infected with or have TB disease. TB is treatable through proper doses of prescribed medication. TB tests of persons who are infected with both the HIV virus and TB will frequently show up as negative. This is due to the person's improperly functioning immune systems. If a person with the HIV virus is suffering from the symptoms of TB, additional medical tests should be performed to determine if the person in fact has TB disease so that he or she might be properly treated. The medications and methods used in the treatment of TB disease for persons who are also infected with the HIV virus may differ from treatment for persons with TB disease only. Symptoms of TB disease include the following:

- feeling weak or sick
- experiencing unexplained weight loss
- experiencing fever and/or night sweats
- long-term coughing
- experiencing chest pain
- coughing up blood

◆ Essential Questions: ◆
Infectious Diseases

1. What two infectious diseases have received widespread attention in the past decade?

2. When might the results of a TB test be negative even though the person has TB disease? Explain.

IMMUNIZATIONS

Older adults should be protected from infectious diseases because there is a greater threat of severe illness or mortality among older adults than younger age groups. Certain diseases, such as diphtheria, tetanus, and influenza, deserve continuous attention. Older adults should be immunized by their personal physician or at a special geriatric clinic instead of at a routine immunization clinic where individuals are handled on a mass basis. A personal physician can take into account the older person's needs and tolerances for a vaccine.

Older adults should be protected from the following diseases:

- ***diphtheria*** – older adults should be immunized every ten years because this disease is highly contagious if they are exposed to it. This is an infectious disease caused by ***bacterium*** or one-celled microscopic organisms.
- ***tetanus*** – immunization is very important for older adults who participate in outdoor activities such as gardening. Tetanus has a high mortality rate, especially for those in the forty and over age group. Booster doses should be given every ten years and immediately after a wound such as a skin puncture from a rusty nail. This infectious disease is caused by a toxin that enters the body through wounds.
- ***influenza*** – annual immunization is recommended for older adults, especially if they have chronic conditions. Older adults should be immunized in advance of any epidemic, usually early in the fall. Influenza is an infectious disease caused by specific viruses that affect the respiratory tract.

◆ Essential Questions: ◆
Immunizations

1. What are three infectious diseases that older persons should be immunized against?

2. Why are older adults at a greater risk for infectious diseases than younger age groups?

PRESCRIPTIONS AND OVER-THE-COUNTER DRUGS

Older persons consume 25 to 35 percent of all prescription and over-the-counter drugs sold in the United States. It is reported that persons over the age of sixty-five use more over-the-counter medications that any other age group. Drugs are often misused by older adults and their physicians. Some of these drugs are prescribed for chronic conditions, such as arthritis, diabetes, and cardiovascular disorders. Other drugs, such as tranquilizers and sedatives, are used to control the depression, anxiety, and insomnia often seen in aging. Physicians may prescribe too much medication or medications in combinations that create bad reactions in older adults. Older adults often cannot open the new "child proof" containers or are unable to read labels. Thus, they do not know how much medication to take or are unable to take any.

More and more older adults are beginning to exchange medications with their friends. They often feel if a medicine works for them, it will also work for friends. This is extremely dangerous and should always be immediately reported to the person in charge. Instructions for medications should be followed very carefully. Mixing some medications with alcohol or taking too many medications too often can cause serious illness and even death.

The caregiver should be aware of all the medications and the amounts of the medications the older person is taking. The caregiver may often have to remind the older person to take medications. Pill boxes are often helpful for older adults because pills can be placed in the order to be taken, and the boxes are easy to open and close. Pharmacists will often replace child proof caps with easier-to-open lids.

The caregiver should observe the following guidelines when caring for older adults:

- The person should always take the amount of drug prescribed by the doctor.
- An individual should never take drugs prescribed for someone else.
- Ask for non-child proof containers if it is impossible for the older person to open child proof containers.
- Make sure the older person understands the directions listed on the prescription label.
- Discard medicines with old expiration dates.
- Call the doctor immediately if the older person experiences any unusual side effects from any medications.
- Be careful in mixing food and drugs.
- Know what precautions to take with specific drugs (stay out of the sun, take with liquid, take on full or empty stomach, and avoid alcohol)
- Encourage the older person to tell the current doctor if another doctor has been visited previously.
- Encourage the older person to tell the doctor about all medicines being taken.

Table 20.1 is a sample of the hazardous combinations of drugs with which the elder caregiver should be familiar. The caregiver can ask a physician or pharmacist for further information on other drug combination hazards.

◆ Essential Questions: ◆
Prescriptions and Over-the-counter Drugs

1. What are some guidelines that caregivers can implement for older adults in the safe use of medications?
2. What are some signs and symptoms of dangerous drug combinations?

Drug Combination Hazards

This Drug	Mixed with . . .	Can Cause
Aspirin	Alcohol	Stomach bleeding
Darvon	Cigarette smoking	Reduced pain relief
Contac, Histapan, and Teldrin	Alcohol	Drowsiness
Barbiturates, sedatives, and tranquilizers	Alcohol	Headache, nausea, and vomitting
Alka-2, Rolaids, and Tums	Tetracyclines	Infections may continue
Antacids, Rolaids, and Tums	Iron preparations (for anemia)	Anemia may continue
Ampicillin	Milk and dairy products	Reduced absorption and infection may continue
Antidiarrheals (lomotil)	Barbiturates, sedatives, and tranquilizers	Increased drowsiness and sedation or hypnosis
Penicillin	Food	Reduced effectiveness (take 1-2 hours before meal or 2 hours after meal)

Table 20.1

SIGNS OF ILLNESS

When working with older adults, the caregiver should learn to recognize the signs of physical or emotional problems as early as possible. The caregiver should always be alert to any changes in the behavior patterns of the older person. If helping with hygiene needs, the caregiver can use the time to be particularly alert to signs of possible physical illness or changes in general well-being.

Early detection of an illness is important. Recognizing the signs of an illness early and obtaining needed medical care usually result in a speedier recovery. When evaluating the signs of illness, the caregiver should know that a mild symptom, as well as a severe symptom, can precede a serious illness. The caregiver must be able to give an accurate description of observations to the appropriate professional. The two types of key observations, objective and subjective, should both be taken note of by caregivers who help provide personal care for older adults.

Objective observations are signs that one can see or changes that are occurring outwardly or physically. The following are possible objective observations that may indicate problems:

- face – dull, indifferent, anxious, tired, or expressionless
- eyes – unusual movement, sunken, protruding, discharging, puffy, or dark circled
- eyelids – red, swollen, heavy, or drooping
- pupils – dilated, contracted, or unequal
- nose – discharging, sore, or bleeding
- lips – pale, blue, dry, cracked, or sore
- mouth – trembling, twitching, or sore
- breath – hot and feverish, sour, foul, or irregular breathing
- tongue – dry, pale, or coated
- posture – slumping or unsteady
- bones – prominent or unpadded
- muscles – flabby, loose, or tense
- position of patient – difficult movement or drawn up knees
- condition of abdomen – tender to touch or enlarged
- hands – hot, cold, moist, dry, swollen, extremely wrinkled, pale or flushed, or red splotches
- fingers – clubbed, restless, trembling, picking at clothes, or inactive
- feet – shuffling, dragging, or motionless
- joints – enlarged, swollen, tender, or distorted or out of place
- circulation – general body swelling or discolored skin
- skin – itching, sore, tender, irritated, off-color (blue, yellow, gray, red), or sweating
- body excretions – lacking control of bowel and bladder, pain, or blood
- nails – hard, brittle, or pale
- general condition – losing strength, weakness, losing appetite, or restless sleep

Subjective observations are sensations, feelings or emotions expressed by the older person. Caregivers should pay attention to the following:

- descriptions of pain – sharp, dull, constant, or interval
- sensations and physical reactions such as hot, cold, shivering, tingling, prickling, color, odor, touch, pressure, hunger, thirst, or appetite
- feelings or emotions such as fear, anxiety, worry, distrust, happiness, faintness, dizziness, or spots before the eyes
- loss of function of any senses
- whether the older person enjoys visitors, conversation, reading, or whether the older person easily tires.
- sleeping patterns

◆ Essential Questions: ◆
Signs of Illness

1. What are some objective observations the caregiver might note which would indicate possible problems in the health of an older adult?
2. What are some subjective observations that caregivers should pay attention to?

VITAL SIGNS

One of the older caregiver's many duties is to master the art of accurately taking and recording temperature, pulse, respiration, and blood pressure. The amount of information that needs to be recorded depends upon the needs of the older person, requests made by a doctor, nurse, or person in charge, and specific symptoms and situations.

Basic information, such as date, time of observation, pulse rate, respiration, temperature, and blood pressure, are usually recorded on a chart. Any unusual symptoms should also be recorded. The caregiver should always initial the chart after making entries.

Temperature, pulse, respiration, (TPR) and blood pressure (BP) are referred to as ***vital signs*** and reflect or indicate a change in a person's condition. The vital signs of individuals at home are not checked as often as the vital signs of individuals in a hospital. Those living at home or in a similar atmosphere are usually in a more stable condition. The caregiver should be able to ***monitor*** (check) and record the vital signs regardless of the type of facility where employed.

Temperature is the heat in the body or the balance between the heat produced in the body and the heat lost. The ***pulse*** indicates how the heart is beating. ***Respiration*** is the process by which the body takes oxygen into the lungs and eliminates carbon dioxide; it is indicated by how often a person breathes in and out and how the breathing sounds. ***Blood pressure*** is the amount of effort the heart exerts to circulate the blood. TPR and BP are used for evaluating an individual's condition by doing the following:

- obtaining knowledge of the individual's physical condition
- keeping a continuous record for use in determining the course of an individual's illness
- aiding the doctor in making a diagnosis of the individual's illness
- aiding the doctor in determining treatment for the individual

When monitoring and recording an individual's vital signs, it is important that the caregiver do the following:

- act with care
- be accurate
- record information immediately
- write legibly and understandably
- report sudden changes immediately

If in doubt, the caregiver should always report a change in vital signs. Reporting an unnecessary reading is far better than failing to report a necessary reading which might affect the recovery of the person.

◆ **Essential Questions:** ◆
Vital Signs

1. What are the four vital signs described in this chapter?
2. Why is it necessary to monitor the vital signs of the older adult?
3. How are TPR and BP used to evaluate an older person's condition?
4. What are four things the caregiver should do when monitoring and recording an older person's vital signs?

TEMPERATURE

There are four methods of taking the temperature: oral, rectal, axial, and in the ear. An individual's age and illness will determine which method is most suitable. The oral method is the most common, the rectal method is more accurate, and the axial or armpit is the least accurate. Taking temperature readings through the ear with a special digital ear thermometer gives the most accurate readings; however, digital ear thermometers are expensive.

Although a person may be ill without fever, it is usually a sign of illness. Certain symptoms, observed or expressed by the older adult, indicate that temperature should be taken. Some of these symptoms include the following:

- flushed face or any skin rash
- hot, dry skin
- excessive thirst
- rapid pulse
- headache
- aching in joints or over entire body
- nausea or vomiting
- diarrhea or constipation
- pain
- cough or respiratory distress

If the temperature is not within the normal ranges of body temperature (97.6° F to 99.6° F, oral and through the ear; 98.6° F to 100.6° F, rectal; and 96.6° F to 98.6° F, axial or armpit) one should seek medical attention. Be sure to report which method was used for taking the person's temperature.

Since extremes of temperature range can be dangerous, it is important to learn procedures to counteract them. Cool sponges, bed rest, and forcing fluids may be useful to reduce fever. Subnormal temperatures require a warm environment, rest, and warm drinks.

Procedure For Taking Temperature

The caregiver should know how to use and to read a standard thermometer. The following steps should be followed when taking the temperature with a standard thermometer:

1. Gather supplies.
    a. thermometer in container
    b. container of cool, clean water (too warm a temperature will break the thermometer)
    c. soap
    d. cotton balls or other wipes
2. Wash hands well.
3. Clean the thermometer.
    a. Use soap and water on a clean cotton ball or other wipe.
    b. Use a firm rotary motion from stem to bulb and immediately discard cotton or wipe as this may spread germs back onto thermometer.
    c. Rinse with clean damp wipe/cotton ball following procedure described in step b.
    d. Repeat steps a, b, and c, rinsing the thermometer thoroughly.
4. Hold the thermometer firmly at the top of stem with your thumb and first two fingers. Shake the thermometer by snapping your arm and wrist down as if you were shaking water off your hand. Shake thermometer down to below 95° F.
5. Place in mouth under tongue, anus, or armpit (use lubricating jelly on a rectal thermometer to protect against breakage).
6. Leave thermometer in place for three to five minutes (ten minutes in armpit), then remove the thermometer, wiping dry with a dry cotton ball in a rotary motion toward the bulb.
7. Turn the stem of the thermometer until you see the mercury column or the digital reading.
8. Read temperature recording on thermometer and write it down.
9. Wash and rinse thermometer carefully as in Step 3.
10. Replace thermometer in its case or container. If using a glass for container, put cotton ball in the bottom to protect the bulb.
11. Wash your hands.

◆ Essential Questions: ◆ Temperature

1. What are some symptoms that indicate that an individual's temperature should be taken?
2. What are the steps to follow in taking an older person's temperature?

PULSE

Pulse is the rise and fall of arterial blood as it is forced through the arteries by the contraction of the left ventricle (lower heart chamber). It serves as an indicator of the frequency of the heartbeat. Pulse is present in all arteries but can be felt best in the radial artery (inner wrist behind the thumb). The pulse can also be felt on the sides of the neck, the lower jawbone, in front of the ear, and near the groin. The average pulse rate is between seventy-two and eighty beats per minute. Outside forces that may increase pulse beats are exercise, posture, eating, emotions, and stimulations. Rest can slow the pulse rate, which is the reason for frequent rest for persons with heart problems. Some medications may affect heart action. For this reason, the caregiver should be aware of any and all of the older person's medications.

For accuracy, the pulse should be counted for a full minute using a watch with a second hand. When taking the pulse rate of a person, the caregiver should note and record the strength of the beat. Terms to describe the strength of the heartbeat are "weak," "strong," "thready," "irregular," and "fluttering." The caregiver should follow the steps listed below when taking the pulse:

1. Place your finger on radial artery (inner wrist behind thumb).
2. Count the rate of pulse for a full minute using a watch with a second hand.
3. Record the pulse rate and any other observations.

Older persons who participate in exercise programs approved by their physician should be made aware of their ***target heart rate***. Target heart rate is the number of beats per minute that a person's heart should reach during exercise in order to contribute to cardiovascular fitness. The following method can be used to determine personal target heart rate:

1. Have the person sit quietly for five minutes. Check pulse rate. This is the ***resting heart rate***.
2. Subtract the person's age from 220 to get the ***maximum heart rate***.
3. Subtract the resting heart rate from the maximum heart rate to get the ***heart rate reserve***.
4. Multiply the heart rate reserve times .70 to get the ***heart rate raise***.
5. heart rate raise + resting heart rate = target heart rate.

Occasionally the older person should monitor his or her target heart rate by pausing briefly in the middle of exercise routines to check pulse rates. Count pulse rate for ten seconds and multiply by six to get the per minute rate. If the number is higher than the target rate, then the exercise routine should be slowed down or modified to prevent overexertion.

◆ *Essential Questions: Pulse* ◆

1. What does pulse indicate?
2. What is target heart rate, and how does one determine his or her own target heart rate?
3. What are four areas of the body where an individual's pulse can be felt?

RESPIRATION

Respiration is the process by which air is inhaled and exhaled. The respiration rate is counted per minute. Adults normally breathe at a rate from ten to twenty times per minute. Older persons generally breathe more slowly. Chronic respiratory diseases, such as emphysema, are fairly common in older persons along with respiratory problems resulting from poor circulation. Fever, emotions, exercises, and overeating may increase the rate of respiration. Unusual variations should be recorded along with skin color.

Because the rate of breathing can be controlled somewhat by each person, the count should be taken when they are unaware that the rate of breathing is being counted. The rate of respiration might be counted before or after the pulse, while your fingers are on the client's wrist. Be sure to observe and record any unusual symptoms such as difficult or painful breathing. The caregiver should follow the steps below when taking respiration count:

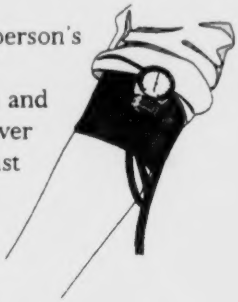
1. Hold the individual's wrist as if you are monitoring the pulse.
2. Begin counting the individual's respiration (one rise and one fall count as one respiration) by noting the position of the second hand on the watch when the chest rises as the individual inhales. Continue counting as the chest rises for a full minute to get the number of respirations to record. You can also count the individual's respiration for thirty seconds. Multiply the number you counted by two to get the respirations per minute to record.
3. Record the rate and any unusual observations.

◆ Essential Questions: ◆ Respiration

1. What the respiration rate indicate?
2. What steps should one follow in taking the respiration rate?

BLOOD PRESSURE

Blood pressure indicates the amount of pressure or force exerted against the walls of the arteries by the blood. An ideal blood pressure reading is 120/80 (140/85-90 or higher is regarded as high blood pressure). The top number in the reading or ***systolic pressure*** is representative of the heart contracting. The bottom number or ***diastolic pressure*** is representative of the heart relaxing.



In order to check a person's blood pressure, a cuff is wrapped around the arm and a stethoscope is placed over the arteries of the arm just below the cuff. Air is pumped into the cuff, which causes the flow of blood to stop. As the air slowly exits out of the cuff the blood flow returns and the blood pressure can be read on the gauge of the mercury tube or instrument scale. The results are then recorded.

Today, in most cases, equipment is used where the reading is automatically transmitted instead of a person having to take the reading. The older person's blood pressure should be taken periodically. If the older person's reading is abnormal, report it to the supervisor or person in charge.

◆ Essential Questions: ◆ Blood Pressure

1. What is the difference between diastolic and systolic pressure?
2. What is the procedure for taking blood pressure readings?

Chapter Highlights

☆ Maintaining good health helps to prevent illness and provides the older adult with fuller and more satisfying lives.

☆ It becomes more difficult to ward off the effects of disease, accidents, and other stressors as one ages.

☆ Regular exercise is one of the important elements in the prevention of deterioration and the maintenance of physical as well as psychological well-being.

☆ Nutrition plays a major role in the physical and emotional well-being of the older adult.

☆ Regular physical exams can detect early signs of illness and influence the attitudes of older persons toward their health.

☆ Yearly examinations of the prostate gland along with the annual physical are recommended for early detection and treatment of prostate cancer in men.

☆ Low levels of estrogen in a woman's body can eventually lead to osteoporosis, an increased risk for heart disease, and depression and/or insomnia.

☆ Mammograms, pelvic exams, and pap smears should be part of a woman's annual physical exam as an early detection and/or preventive measure against gender-related cancers and diseases.

☆ TB tests of persons who are infected with both AIDS and TB will frequently obtain negative TB skin tests.

☆ Older adults should be protected from and immunized against certain infectious diseases such as diphtheria, tetanus, and influenza.

☆ Older adults consume 25 to 35 percent of all prescription and over-the-counter drugs consumed in the United States.

☆ Recognizing the signs of an illness early and obtaining needed medical care usually result in a speedier recovery.

☆ Objective observations are signs that you can see or changes that are occurring outwardly or physically.

☆ Subjective observations are sensations, feelings, or emotions expressed by older adults.

(Continued on page 216)

Chapter Highlights

(Continued from page 215)

- In many cases, the frail older person who is being neglected or abused will not complain due to dependence upon the caregiver who is guilty of the mistreatment.
- Temperature, pulse, respiration, and blood pressure (TPR and BP) are referred to as vital signs and reflect or indicate a change in a person's condition.
- Temperature is the heat in the body or the balance between the heat produced in the body and the heat lost.
- There are four methods of taking the temperature: oral, rectal, axial or armpit, and in the ear.
- Symptoms such as flushed face, excessive thirst, rapid pulse, and a headache indicate that temperature should be taken.
- Pulse is the rise and fall of arterial blood as it is forced through the arteries by the contraction of the left ventricle.
- The pulse indicates how the heart is functioning and how fast the heart is beating.
- Occasionally the older person should monitor his or her target heart rate by pausing briefly in the middle of exercise routines to check pulse rates.
- Respiration is the process by which the body takes oxygen into the lungs and eliminates carbon dioxide; it is indicated by how often a person breathes in and out and how the breathing sounds.
- Unsafe behavior and/or unsafe environments contribute to most accidents or emergencies in the home.
- First aid principles should be followed carefully to help meet home emergency needs of older adults.

Chapter 21

Components of a Sanitary Environment

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
10A Explain the causes and prevention of communicable diseases.
11A Analyze the importance of a safe and sanitary environment.
11B Practice sanitation procedures.
11C Utilize personal sanitation measures to prevent the spread of infection and disease.
11D Point out hazardous elements in an older person's home or care facility.

Chapter Vocabulary

AIDS disease
chemical sanitizing
clinical ecology
disinfection
heat sanitizing
human immunodeficiency virus (HIV)
immune system
medical asepsis
microbiology
pesticides
sanitation
sterilization
TB disease
TB infection
ventilation

Maintaining a safe and sanitary environment should be a top priority for all caregivers. It is also important for the caregiver to have some knowledge of sanitation practices in order to help prevent the spread of infection, odors, pests, and rodents.

Sanitation can be defined as the practice of rendering the care facility or private home free from agents injurious to health. ***Microbiology*** is the biological science on which sanitation is based. It is the study of microscopic living, plantlike organisms, which includes bacteria, viruses, yeasts, and molds.

DID YOU KNOW?

Cleaning and disinfecting are not the same thing. In most cases, cleaning with soap and water is adequate. It removes dirt and most of the germs. However, in other situations, disinfecting provides an extra margin of safety. Areas should be disinfected where there are high concentrations of dangerous germs and a possibility that they will spread to others. Disinfectants, including solutions of household bleach, have ingredients that destroy bacteria and other germs. While surfaces may look clean, many infectious germs may be lurking around. Given the right conditions some germs can live on surfaces for hours and for days.

Center for Disease Control and Prevention

PREVENTING THE SPREAD OF INFECTION

Medical asepsis is the term used that means free from germs or bacteria that may cause infection. Germs spread and multiply quickly in moist, warm, dark areas, such as in bandages, dirty equipment, dirty linen, and on hands. Caregivers sometimes care for older persons with illnesses caused by infections. The germs of an infection can be carried from the ill person to others in the care facility or private home. The most common ways infections spread is through caregivers carrying them on their hands and clothes.

AIDS and Tuberculosis

Controlling the spread of ***AIDS*** (acquired immunodeficiency syndrome) and ***TB*** (tuberculosis) ***diseases*** are of great concern among today's health care professionals. New cases of both the AIDS and TB diseases are growing in number each year affecting all age groups of the population including older adults. Caregivers must take special precautions to avoid the spread of both of these diseases in care facilities for older adults.

The AIDS disease is caused by a virus called the ***human immunodeficiency virus*** or ***HIV***. The HIV virus is found in the blood or body fluids of the infected person and can destroy the immune system in a person's body.

The ***immune system*** is the body's system responsible for fighting off and protecting the body from illness and disease. A person can be infected with the HIV virus for as many as ten years before any symptoms of the AIDS disease become evident. The only way to tell if someone has been infected with the HIV virus is through AIDS testing. Ten to fifteen million U.S. citizens are known to be infected with the TB germ. A person infected with the TB germ can live symptom-free for years and is not capable of spreading the germ to others. If, however, the infected person's immune system weakens, TB infection can develop into TB disease.

When a person that is already infected with the TB germ contracts the HIV virus, ***TB infection*** (without symptoms) can be activated into TB disease (with symptoms). Persons who test positive for the HIV virus have a greater chance of developing TB disease, and persons who test positive for TB disease should also be tested for the HIV virus. A diagnoses of the TB disease does not necessarily mean that the HIV virus is present.

Some persons who are infected with both the HIV virus and the TB germ will not react to the TB test due to the improperly working immune system. If a person shows symptoms of the TB disease and the results of tests are negative, further medical tests should be administered.

TB disease is spread from person to person through the air. The person with TB disease needs only to cough, sneeze, laugh, shout, or sing to spread the disease. Listed below are some sanitary guidelines to practice for the prevention of the spread of the AIDS and TB diseases in elder care facilities.

- Have older persons obtain regular TB skin tests and testing for the HIV virus, as recommended by health professionals, to determine if they are carrying either the infection or the disease.
- Do not allow persons diagnosed with TB disease to come into contact with others until they have been on medication for at least two to three weeks at which time they will no longer be contagious.
- Provide plenty of fresh air in the room of the person with TB disease. Allow for adequate and frequent ventilation as TB disease is contracted through the air.
- Wear plastic gloves, goggles, a covering over clothes, and a covering over nose and mouth when performing caregiving tasks in the rooms of persons with TB disease or the HIV virus.
- Carefully follow all universal sanitation procedures to clean and handle soiled materials, and launder the soiled items of persons with TB disease or the HIV virus.
- Follow the proper procedures for the handling of medication needles and syringes contaminated by a person who has the HIV virus. Be very cautious not to accidentally puncture yourself with the contaminated object.
- Do not allow any other person to use the grooming/toiletry items of persons who have the HIV virus or TB disease.
- Keep yourself and others away from the body fluids or the blood of persons who have contracted the AIDS disease.
- Do not allow persons with the AIDS disease to be exposed to any person or animal who is ill as their already impaired immune system is not efficient in fighting off even minor illnesses.

◆ Essential Questions: ◆
Preventing the Spread of Infection

1. Why is it necessary for caregivers of older persons to knowledgeable about sanitation practices?
2. How are disease germs spread from one person to another?
3. What are three steps that caregivers can take to prevent the spread of the HIV virus in care facilities for older adults?
4. At what point is a person who has been diagnosed with TB disease free from being contagious to others?

PERSONAL SANITATION

Hand Washing

Infection can be spread very quickly from one person to another by germs carried on the hands. To prevent the spread of infection either to or from an older person, caregivers should wash their hands before and after using the bathroom, handling a bedpan, handling food, and feeding the person. The germs that cause infection cannot be seen without the use of special equipment, but they are always present on the skin of the hands. Most of the germs can be removed by thoroughly scrubbing the hands with soap and water. Friction caused by rubbing the soapy hands together removes more germs than any other part of hand washing. Germs loosened by friction are then washed away with warm running water. When rinsing hands, they should be held so the dirt and germs will be washed down and away from the hands and the wrists. Hand washing should be done both frequently and thoroughly by the caregiver.

Covering Clothing

Although the hands are the most common way of spreading infection from one person to another, germs can also be carried on the clothing of the caregiver. To protect clothing from germs, some type of covering, such as an apron or towel, should be worn. The covering should be worn anytime the caregiver comes in contact with an ill person or waste materials. Caregivers should cover clothing when feeding a person or giving a person a bed bath.

◆ Essential Questions: ◆
Personal Sanitation

1. What can the caregiver do to reduce the spread of infection?
2. Other than hand washing, what can the caregiver do to protect clothing from germs?

HOME OR FACILITY SANITATION

Linen

Linen should be used and cared for properly whether the caregiver is employed in a private home or care facility. The handling of linen is a crucial phase of infection control because soiled linen is a source of bacterial contamination. Linen should be stored on clean, dust-free shelves. It should never be allowed to drop unto floors. Dirty linen should be carefully removed from the bed, being careful not to spread germs onto clothing. Remove linen immediately from the room to prevent odor. If linen is extremely soiled, it should be pre-rinsed before having it laundered.

Sanitizing

The most common method of ***heat sanitizing*** is immersion of an object in water at 170° F (about 77° C) for no less than thirty seconds. The most common chemical sanitizers are chlorine, iodine, and quaternary ammonia (quats). ***Chemical sanitizing*** may be done in two ways:

- The object is immersed in the correct concentration of sanitizer for one minute.
- The surface of the object is rinsed, swabbed, or sprayed with double the usual recommended concentration of sanitizer.

For the sanitizing process to work, the object must be thoroughly clean and completely rinsed. Sanitation does not replace the need for good cleaning.

Dishwashing

Cleaning and sanitizing glasses, dishes, and flatware are necessary to prevent food-borne diseases. Pots, pans, and other utensils must also be kept clean and sanitary.

Clean and sanitary refer to different qualities. A plate may appear clean but may harbor harmful organisms if not washed properly. A glass may appear water-spotted but be free from germs if it was rinsed in hot water or treated with a sanitizing solution after being washed. It does not look clean, but it is sanitary.

Odors

Problems with odors occur as a result of poor sanitation in toilet areas, utility rooms, closets, and other areas in a home or care facility. The most effective way to deodorize these areas is with fresh air, removal of the causes, and frequent cleaning with a detergent/disinfectant solution. The least effective way to deal with odors is to try and block them with sprays or deodorizer blocks.

Bad odors often arise in garbage cans. To help keep odors minimal, the caregiver should remove garbage frequently, cleanse garbage cans, use tight-fitting lids, and use plastic liners in garbage cans. Proper **ventilation** (circulation of fresh air) of the garbage area will also be helpful.

◆ **Essential Questions:** ◆
Home or Facility Sanitation

1. How should caregivers handle soiled linen?
2. What is the difference between clean and sanitary?
3. What are the most effective ways to handle odor problems?

DESTROYING AND REPELLING PESTS

The best insurance against pests is to store food properly and promptly clean up any spilled food. To remain free of pests, the care facility or private homeowner must take pest control measures on a regular basis. These measures include the following:

- keeping all windows and doors shut
- maintaining proper sanitation and housekeeping inside and outside of the establishment or home
- eliminating the presence of rodents
- cleaning garbage cans and keeping them covered

Occasionally, these measures are not enough to completely control or eliminate all types of pests. Professional pest control experts should handle the exterminating or repelling of any type of pest. Federally regulated chemicals must be used by a licensed person. Signs of pests in the care facility or private home should be reported to the supervisor or the person in charge immediately.

Losses due to customer annoyance, unfavorable publicity, and damage from insects and rodents total several billions of dollars each year.

Pesticides and Safety

Pesticides (chemicals used to destroy insects) can be very harmful to humans. For this reason, precautions should be followed when storing, using, and disposing of pesticides. Some precautions that should be taken are as follows:

- Store in original containers.
- Be sure containers are labeled properly.
- Follow directions on the label.
- Do not use around food or people.
- Store in a safe place, away from moisture and heat such as in a locked cabinet or closet.
- Rinse and destroy bottles and cans when empty.
- Keep away from children.

Moth-killing chemicals are probably the worst items in American homes today. They come in the form of moth crystals, cakes, balls, nuggets, and flakes. ***Clinical ecology,*** the study of adverse reactions of the environment on the human body, has noted some reactions to the use of moth-killing chemicals such as damaged complexions, headaches, and kidney and liver disturbances. Moth-killing chemicals are extremely harmful and should never be used in the home or care facility. The best way to prevent moth damage is by mechanical means such as brushing, airing, sunning, and placing garments in plastic bags.

◆ **Essential Questions:** ◆
Destroying and Repelling Pests

1. What measures can the caregiver take to control pests?
2. What measures can the care facility or private home owner take for pest control?

DISINFECTION AND STERILIZATION

Articles that have come in contact with the ill person or any infected discharges of the person are considered soiled, such as dressing from a wound or a tissue with nasal secretions. To lessen the chance of spreading infection to the caregiver, soiled or contaminated materials should be handled in a clean area when they are being thrown away or discarded. This is the area that has come into the least contact with the ill person, the wound, or any body secretions. These contaminated articles should be completely destroyed. They should be tightly wrapped and burned or disposed of in a covered waste receptacle. Other contaminated articles, such as equipment, are expensive and must be cleaned and reused. Before such articles are safe for reuse, they must be disinfected or sterilized. ***Sterilization*** is the destruction of all microorganisms. Some form of heat is usually used to sterilize. Often articles are boiled for twenty minutes to sterilize them, others may be steamed. ***Disinfection*** means destroying the germs. Disinfecting articles is most often done with chemicals. The following steps allow for safety disinfecting of equipment:

- Wash and dry articles.
- Open up or take apart instruments.
- Fill any tubes with the disinfectant.
- Completely submerge all parts of the articles to be disinfected.
- Soak in chemicals the required length of time.
- Follow instructions on chemical labels.

The caregiver should follow the rules of the person in charge or the methods used in the facility.

◆ Essential Questions: ◆
Disinfection and Sterilization

1. How does disinfection differ from sterilization?
2. What are some precautions for safety disinfecting of equipment?
3. How should soiled or contaminated materials be handled?

Chapter Highlights

- Sanitation is the practice of rendering a care facility or private home free from agents injurious to health.
- The term used that means free from germs or bacteria that may cause infection is medical asepsis.
- If the person with TB infection develops a condition that weakens the immune system, the TB infection can become TB disease.
- TB is spread from person to person through the air.
- The virus which causes AIDS is found in the blood or body fluids of the infected person.
- Carrying disease germs on the hands or clothing is the most common way of spreading an infection.
- The handling of linen is a crucial phase in infection control because soiled linen is a source of bacterial contamination.
- Proper cleaning and sanitizing of glasses, dishes, pots and pans, and utensils are necessary to prevent food-borne diseases.
- Problems with odors occur as a result of poor sanitation in toilet areas, utility rooms, closets, and other areas in a home or care facility.
- Any facility that handles food must take measures to eliminate disease-carrying pests.
- The best insurance against pests is to store food properly and to promptly clean up any spilled food.
- Disinfecting means destroying germs usually by chemicals.
- Sterilization is the destruction of all microorganisms by some form of heat.

Chapter 22

Safety Practices for the Home and the Community

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
11A Analyze the importance of a safe and sanitary environment.
11D Point out hazardous elements in an older person's home or care facility.

Chapter Vocabulary

abrasions
accident
American Association of Poison Control Centers
antidote
burns
Cardiopulmonary Resuscitation (CPR)
choking
Consumer Product Safety Commission
emergency medical system (EMS)
escape route
fainting
first degree burn
fuse
Heimlich Maneuver
incisions
lacerations
LIFE
punctures
second degree burn
shock
smoke detector
Texas State Poison Center
third degree burn
U.S. Fire Administration
wound

Each year, many senior citizens are injured in and around their homes. Hundreds of thousands of the older adult population over age sixty-five are treated every year in hospital emergency rooms for injuries associated with products they live with and use daily. In and around the home is where more than 43 percent of all accidental injuries occur. Falls lead in the cause of accidental deaths and injuries for older adults. Burns, cuts, and poisonings also harm many in the home.

DID YOU KNOW?

Not every adult needs specialized care. Older adults who are able to function safely and independently in their own homes do not have to be uprooted just because they reach a certain age. Many older adults can remain safe and independent with a little home modification.

The U.S. Consumer Product Safety Commission (CPSC) believes that many of these injuries result from hazards that are easy to overlook but also easy to fix. By spotting these hazards and taking some simple steps to correct them, many injuries might be prevented. The caregiver should watch for possible safety problems that may exist in various areas of the older person's home or care facility.

SAFETY RULES

General Safety Rules

One should follow these general safety rules to prevent injuries from occurring in the older person's environment:

- Repair small breaks in tile or linoleum so nobody will trip over loose edges, and do not use too much floor wax. Slippery floors can cause serious falls. Wipe up all spills right away because even a little water, a little lettuce, or a grease spot can cause a foot to slip.
- Encourage the older adult to discard scatter rugs. If they insist on using them, try to place furniture over the corners to hold in place, or attach foam rubber or rubber jar rings onto the wrong side of any that do not have a nonskid finish. For those with a nonskid finish, vacuum or sweep often and sponge the backing with soap or detergent suds occasionally. Dirt can keep the nonskid finish from gripping the floor.
- If possible, and with permission from the older person, arrange chairs and tables in each room so that a traffic lane is kept open. This makes walking safer even in the dark.
- Try to keep often used cleaning items at a convenient height to reduce reaching. Never climb to take things down from high cabinets or shelves unless using a good ladder or a very sturdy step stool.
- When cleaning, wear comfortable clothing and cotton work gloves for "heavy" jobs or when handling things with sharp edges. Flats, or shoes with low rubber heels, give the safest footing.

Household Product Safety Rules

One should follow these product safety rules to prevent accidental poisoning or hazardous misuse of household products:

- Never place or store chemical products within the reach of children or pets even in the home of the older adult. Older persons often entertain visiting grandchildren.
- Read directions, all warnings, and special directions on packages and containers labeled as "Hazardous." Laws require that poisonous substances be labeled "Poison." The ***antidote*** or treatment to be used if someone ingests a poisonous substance is always printed on the packaging of poisonous products.
- Some household products that are useful and safe, when used alone, can be dangerous when they are combined with other household products. Never mix two or more substances such as bleaching solutions, ammonia, toilet bowl cleaners, rust removers, and oven cleaners. Such chemical mixtures may release irritating gases.

Electric Appliance Safety Rules

When lights flicker or a piece of electrical equipment does not work evenly, this is a danger signal and a warning that the power line is overloaded. A ***fuse*** is a safety device to prevent electrical overload trouble. When a fuse blows out, put in a new one right away. Do not replace the blown fuse with a homemade substitute as this may start a fire. Listed below are other electrical safety precautions.

- Use a good cord. A worn cord is dangerous and can cause fire or shock.
- Keep appliances and lamp cords as short as possible. Wind and tie up extra cord with a rubber band and attach cords to a baseboard to avoid tripping over them.
- Do not plug in too many pieces of electric equipment at the same time. This may overload the electric power line. Unplug appliances when not in use. When leaving the room, unplug the iron even if not finished with the task.
- Always pull a cord from the wall outlet before pulling the other end out of the electrical appliance.
- Keep all electrical equipment, including radios and televisions, away from sink, bathtub, or from any water outlet. Never touch or handle electrical appliances with wet hands. Never reach into water to retrieve an appliance without being sure the appliance is unplugged.

Kitchen Safety Rules

One should follow these kitchen safety rules to prevent injuries from occurring in the older person's kitchen environment:

- Keep all work surfaces clean and dry, especially the stove surface, since crumbs or grease can start a fire. If grease catches fire, smother with an ovenproof lid, salt, or baking soda. Never try to put out a grease fire with water!
- Keep non-cooking equipment like potholders, dishtowels, or plastic utensils away from the range. Set pots and pans on the stove so that their handles do not stick out as somebody may knock the pan over and spill hot food.
- Always use potholders when handling hot equipment. When taking hot foods out of the oven, support the dish or pan with two hands using potholders.
- Improve lighting by opening curtains and blinds. Reduce glare by using frosted bulbs, indirect lighting, lamp shades, globes and light fixtures, or partially closing the blinds or shades.
- Do not use more than the maximum wattage bulb allowed by a fixture. If the correct wattage for the fixture is not known, use a bulb no larger than sixty watts.
- Use knives wisely. Never cut toward the hand with a knife. Wash sharp knives separately. If sharp knives drop into sudsy dishwater or hide in the sink under a layer of suds or dishes, they may be picked up accidentally and cut the person's fingers.
- Brooms, mops, pails, and empty bottles should be properly stored.

Bathroom Safety Rules

One should follow these bathroom safety rules to prevent injuries from occurring in the older person's bathroom environment:

- Put a rubber mat, a folded bath towel, or apply textured strips or appliques in the bottom of the bathtub or shower before the older person bathes or showers. When possible, attach a handle to the wall next to the tub or shower as a grab bar. If the older person is unsteady when standing, use a stool with nonskid tips as a seat for the person to sit in while showering. When assisting an older person out of the bathtub or shower, make sure the person has one foot firmly planted on the floor before lifting the other foot out.
- Test the water before allowing anyone to step into the bathtub or shower to make sure the water is not scalding hot. Water temperature above 120°F can cause tap water scalds.
- A light switch should be located near the door to prevent a person from walking

through a dark area. If necessary, install an inexpensive night light that plugs into an outlet.

- Be sure all medicine containers are clearly marked with the contents, doctor's instructions, expiration date, and person's name. Dispose of outdated medicines properly. Request child-resistant closures from the pharmacist unless the older person cannot open them. Store medicine beyond the reach of children.

Living Room Safety Rules

One should follow these living room safety rules to prevent accidents from occurring in the older person's living room environment:

- Follow electric appliance safety rules that apply for equipment in the living room such as television, video cassette recorder, stereo system, light fixtures, extension cords, and ceiling fans.
- Clearly mark different floor levels of a "sunken living room" by using a different colored carpet.
- Place a safety screen in front of fireplaces.
- Tape scattered rugs to the floor or avoid using them.
- Make sure large framed pictures and mirrors are securely affixed to the wall.
- Provide tables near sitting areas to rest hot beverages on.

Bedroom Safety Rules

Burns are a leading cause of accidental death among senior citizens. Smoking in bed is a major contributor to this problem. Among mattress and bedding fire-related deaths, 42 percent occur to persons sixty-five years of age or older. Sources of heat or flames should be removed from areas around the bed. One should follow these bedroom safety rules to prevent injuries from occurring in the older person's bedroom environment:

- Electric blankets should be used according to the manufacturer's instructions. The sides or ends of electric blankets should not be tucked in. Additional covering should not be placed on top of electric blankets while they are in use. Additional blankets, comforters, or even pets sleeping on top of the blanket can cause excessive heat buildup which can start a fire.
- Individuals should not go to sleep with a heating pad turned on because it can cause serious burns even at fairly low settings.
- A lamp or light switch should be located within reach of the bed to enable persons who get up at night to see where they are going. Night lights should be installed when possible.
- A telephone should be within reach of the bed in case of an emergency.

Stairways and Hallways

The lighting, handrails, and condition of the steps and coverings for all stairways should be checked by the caregiver.

- Light switches should be located at both the top and bottom of stairways.
- Handrails should be securely fastened on both sides of the stairway and should always be used when climbing up or going down the steps.
- Socks or smooth-soled shoes or slippers should be avoided when using stairs.
- Carpet should be firmly attached to the steps all along the stairs. Loose or worn carpeting can lead to insecure footing, resulting in slips or falls.
- All objects should be removed from stairways; items should never be stored on stairways.

Essential Questions: *Safety Rules*

1. What is the leading cause of accidental deaths and injuries for older persons?
2. How can the caregiver help to eliminate possible injuries or accidents of older adults?
3. What household product safety rules should be followed?
4. What safety precautions should be followed in regard to electrical appliances?
5. What are four kitchen safety rules a caregiver should follow?
6. What safety precautions should be followed in the bathroom, living room, and bedroom?
7. How can the caregiver ensure the older person's safety on a stairway or walkway?

FIRE SAFETY PROCEDURES

Almost any material can become fuel for a fire–food, rags, flammable liquids like grease or cleaning fluids, wood, furniture, and plastics. Fire can cause death in several ways.

Fire consumes oxygen people need to breathe. Normal air contains about 21 percent oxygen. During a fire, the oxygen level drops rapidly. If the oxygen level falls below 17 percent, clean thinking and muscle control become more difficult. Attempts to escape become irrational. When oxygen falls below 6 percent, breathing stops. After four to six minutes without oxygen, brain death occurs.

Fires also produce very hot air, smoke, and toxic fumes that can kill. Faster breathing, due to heat, fear, and less oxygen in the air, increases the amounts of poisonous gases inhaled. These gases can impair sight, smell, and reasoning power.

The heat produced by fire can cause loss of consciousness or death within several minutes. Our bodies can stand high temperatures (150°F to 250°F) for only moments.

Smoke is probably a fire's major threat. Smoke moves quickly and hampers visibility, obscures light, and blocks vision. Smoke particles irritate the respiratory system, impair sight, and cause coughing and sneezing. Smoke causes difficulty in breathing, seeing, and thinking clearly. These difficulties can lead to panic.

Escaping Fires

Once a fire starts, it spreads rapidly. Since there is usually little time to get out and much confusion, it is important that the caregiver knows what to do.

- Become familiar with ***escape routes,*** exits, and policies of the place of employment.
- Plan an escape route from room and home. Work out an alternate route in case the primary route is blocked.
- Practice using the escape routes.
- Close the bedroom door before going to sleep. If fire should break out elsewhere in the house, the closed door may keep flames, gases, or smoke away long enough for rescue.
- Never open a hot door. If smoke is detected or there is a possibility of fire in the house, touch test the inside of the door. If it is hot, do not open it. Go to the window and wait for rescue there.

Smoke Detectors

At least one ***smoke detector*** should be placed in every floor of a home. The instructions that come with the smoke detector should be read for advice on the best place to install it. Make sure detectors are placed near bedrooms, either on the ceiling or six to twelve inches below the ceiling on the wall. They should be located away from air vents. Smoke detectors work by detecting early traces of smoke and setting off an alarm. There are two types of smoke detectors.

Ionization Chamber Smoke Detectors. This type of detector uses a tiny radioactive source to charge the air in the chamber. When smoke is detected, the reduction of the electrical current triggers the alarm. Advantages of this type of detector include that it is battery powered, easily installed, and is available in different price ranges. The disadvantage of an ionization chamber smoke detector is that battery sizes may range from AA alkaline cells to 12.6 volt size. This type of smoke detector should be returned to the manufacturer for disposal after it has worn out because it has a low level of radioactivity.

Photoelectric Smoke Detectors. Photoelectric detectors are slower than ionization in detecting fires but respond more rapidly to smoldering fires and smoke. Smoke enters the unit and interrupts and reflects the light from a small bulb onto a photoelectric cell, which in turn sets off the alarm. Advantages are that it does not need batteries and replacements, and it does not have to be returned for disposal. A disadvantage of this type of smoke detector is that it requires a 120 volt installation because of heavier power requirements.

Reporting Fires

When calling the fire department, give them the following information:

- name
- address
- location of the fire
- size of the fire
- type of fire:

Class A – wood, paper, or trash
Class B – gas, grease, or other liquid
Class C – electrical

How To Put Out Fires

Caregivers need to know where fire extinguishers are located and how to use them. They also need to know how to put out specific types of fires such as the following:

- Wood, paper, or trash fire – cover with water or use Type A fire extinguisher.
- Grease fire–smother with soda and cover pan with lid. For grease fire in the oven, close oven door and turn oven off. NEVER use water on a grease fire.
- Kerosene or gasoline fire–if it is a small fire, cover with sand or dirt. For a larger one, get away from it and call the fire department.
- Electricity–unplug or shut off electricity. If plug is pulled, it is safe to use water.

Keep dry chemicals or carbon dioxide extinguisher for use on electrical and gas fires. When you choose to extinguish or contain the fire, be careful. Keep an escape route open so you can get out if the fire gets bigger. Do not reach over the fire to get baking soda or the fire extinguisher since you could get burned or catch your clothing on fire. Report all incidents to the appropriate supervisor.

◆ Essential Questions: ◆ Fire Safety Procedures

1. In what ways can fires cause death?
2. Why is it necessary to have two escape routes from a home or care facility?
3. What are some guidelines for providing smoke protectors?
4. What are the do's and don'ts of extinguishing a grease fire?

SOURCES OF ASSISTANCE

Information concerning product and home safety can be obtained by contacting the appropriate source. Specific comments or questions about safety may be directed to one of the following:

- Consumer Product Safety Commission
- U.S. Fire Administration

Consumer Product Safety Commission

The ***Consumer Product Safety Commission*** (CPSC) is charged to protect the consumers from unreasonable risks associated with consumer products, to assist consumers in voluntary comparative safety of consumer products, to develop uniform safety standards for consumer products and minimize conflicting state and local regulations, and to provide research and investigation into product-related deaths, illnesses, and injury. CPSC can be contacted at the following address:

Director
Bureau of Information and Education
Consumer Product Safety Commission
Washington, D.C. 20207-0001*
www.cpsc.gov
Consumer Hotline (800) 638-2772

Fire Prevention and Control

The ***U.S. Fire Administration*** monitors residential fire detectors and related equipment, encourages owners and managers of certain types of buildings to prepare fire safety effectiveness statements, and assists in the development of fire safety standards for consumer products. This agency also conducts educational programs on methods of fire prevention. For additional information contact:

U.S. Fire Administration
Federal Emergency Management Agency
P.O. Box 70274
Washington, D.C. 20024*
www.usfa.fema.gov

*Note: These addresses may change. If letters are returned, consult local state representatives or the Internet for the current national addresses.

An ***accident*** is an unplanned act resulting in injury or death to persons and/or damage to property. Unsafe behavior and/or an unsafe environment contribute to most accidents or emergencies in the home. Most accidents can be prevented.

◆ **Essential Questions:** ◆
Sources of Assistance

1. What services does the CPSC provide to consumers?
2. What is the purpose of the U.S. Fire Administration?

FIRST AID PRINCIPLES

When working in services for older adults, emergencies will occur, especially in a private home situation. It is important for the caregiver to know what to do as well as what not to do. The first aid principles below will help the caregiver meet home emergency needs of older adults.

1. Look over the situation.

- Is the emergency or injury minor or major?
- Does the emergency or injury require immediate medical attention?
- Can the situation be remedied with first aid at home?

2. Check the older person.

- Determine the extent of the injury, if possible.
- If the older person is conscious, ask for a description of any pain or injury that may not be visible.

3. Make the older person comfortable.

- If the older person is seriously hurt, do not move him/her. Wait until medical assistance arrives.
- If needed, gather blankets to cover the person.
- Try to keep the older person as calm as possible.

4. Give the necessary first aid treatment.

- Give first aid if the person does not require professional medical attention.
- Give first aid if attention is needed before medical help arrives.

5. Call for medical assistance.

- If necessary, phone the ambulance, paramedics, or fire department.
- If medical attention is required but assistance is not needed at the scene of the emergency, take the older person to the hospital emergency room or nearest urgent care center, and contact the adult responsible for the older person.

◆ Essential Questions: ◆
First Aid Principles

1. What are the five first aid principles the caregiver should follow to meet home emergency needs of the older adult?
2. Why should an older person not be moved by the caregiver?

FIRST AID SUPPLIES

When home emergencies occur, first aid supplies are often needed immediately. First aid supplies should be stored together out of the reach of children, secured in a cabinet or box, and easy to locate. First aid supplies kept in the home for minor ailments or emergencies should include most of the following:

- Antacid and sodium bicarbonate – for stomach acidity, heartburn, or indigestion.
- Antidiarrheal remedy – for diarrhea.
- Aromatic spirits of ammonia – for quick revival for faintness.
- Aspirin and acetaminophen – to relieve headaches and pain.
- Calamine lotion – for poison ivy, prickly heat, itching, skin rashes, and insect bites.
- Decongestant – for relief of cold symptoms.
- Epsom salts – for foot baths and hot compresses.
- Iodine or a mercury antiseptic – to clean minor wounds.
- Mineral Oil – for minor burns and lubrication.
- Petroleum jelly – for minor irritations and lubrication.
- Syrup of Ipecac – to bring on vomiting if poison is swallowed.

Other items for first aid and the sick room should include the following:

- band-aids
- one inch and two inch roller bandages
- gauze pads (two inches square)
- adhesive tape
- scissors
- elastic bandage, three inches wide
- tweezers
- hot water bottle
- thermometer
- cold steam vaporizer
- first aid manual

Home first aid supplies will vary according to the needs of older adults. Some people will keep all of the items listed above in their first aid supplies, while others will keep more or less.

◆ Essential Questions: ◆ First Aid Supplies

1. How and where should first aid supplies be stored?

2. What are some common first aid supplies?

EMERGENCIES

Perhaps the most important item needed in the medicine cabinet is a list of the following phone numbers: doctor, hospital, emergency room, ambulance, police department, fire department, poison control center, and relatives to contact in case of an emergency. It is also important to keep a list of the same numbers by each telephone in the home.

The ***emergency medical system (EMS)*** is an excellent source of help when emergency situations occur. The EMS consists of an entry system, a response system, and a medical receiving system. Most parts of the country have a 911 EMS system. Under the 911 EMS system, an emergency is reported by calling 911. The call goes to a dispatcher who forwards the request for help to the nearest hospital, police, or fire station. Some of the 911 systems have selective call routing in which a computer switches the call to the nearest service. Without the 911 EMS system, it may be necessary to dial separate seven-digit emergency numbers.

It is important that the caregiver accurately provide the necessary information when making an emergency call. Remember the word ***LIFE***. Each letter of this key word stands for information needed when making an emergency call:

- **L** – Location of emergency.
- **I** – Injuries which have occurred and number of people injured.
- **F** –First aid that already has been given.
- **E** –Equipment required to treat specific emergency situations. (Example: a pacemaker failure would require special electronic equipment).

In any accident situation, follow these general first aid guidelines:

- Keep calm.
- Check on breathing and bleeding problems.
- Do not move the injured person unless necessary.
- Call for medical help.
- Keep the injured person quiet and comfortable.

Apply first aid as needed until medical help arrives. Burns, wounds, fainting, choking, and shock are common first aid situations the caregiver may encounter on the job. First aid procedures to follow for each of these situations are given below. Methods for treating poisoning are also included.

◆ Essential Questions: ◆ Emergencies

1. What is the most important item needed in a medicine cabinet?

2. What is the emergency medical system (EMS)?

3. How can the caregiver accurately provide the necessary information when making an emergency call?

BURNS

A **burn** is defined as any body tissue damage caused by fire, hot liquids, acids, or intense heat. A person should avoid removing clothing that is stuck to burned areas, but when possible, remove clothing from the burned area before it is treated. Medicine or ointment should not be applied to burns except when ordered by a doctor. Blisters should not be broken. The three types of burns and recommended first aid for each are listed in Table 22.1.

TYPE	DESCRIPTION	FIRST AID
First Degree	Skin reddened but unbroken	Place under cold water.
Second Degree	Skin reddened, blisters formed	Place under cold water. Cover with a dry, sterile dressing.
Third Degree	Skin partially destroyed	Cover entire area with a dry, sterile dressing.

Table 22.1

◆ **Essential Questions: Burns** ◆

1. What are the recommended treatments for the three type of burns described?
2. Why is it not recommended to remove clothing that is stuck to burned areas?

WOUNDS

A **wound** is any break, cut, pierce, or tear in body tissue. ***Abrasions, incisions, lacerations***, and ***punctures*** are types of wounds. When cleansing a wound, wash toward the outside of the wound rather than toward the inside of the wound. Elevate a wounded leg or arm to help control bleeding. Do not give fluids by mouth to persons with chest or abdominal wounds except when ordered by a doctor. Be sure that puncture wounds bleed. Bleeding helps wash out germs from inside a puncture wound. Table 22.2 describes the different types of wounds and lists some general guidelines for treatment. A doctor or other medical personnel should be contacted if wounds are major.

◆ **Essential Questions: Wounds** ◆

1. How do the four types of wounds described differ from one another?
2. How should wounds be treated?

FAINTING

Fainting is caused when there is too little circulation of blood to the brain. Because the causes of fainting vary, the caregiver should contact the older person's doctor. Fainting may be triggered by hunger, fatigue, standing too long, giving a blood sample, viewing an injury, or a powerful emotion such as fear. The signs that indicate fainting include a feeling of light-headedness, dizziness, or weakness; cold, moist, and pale skin; profuse perspiration; and often, nausea and vomiting.

The person who feels faint should sit down, lean forward, and lower the head between the knees, or lie down, if possible.

Types of Wounds

Type	Description	First Aid
Abrasions	Skin rubbed or scrapped agains a hard or rough surface	Wounds may be minor or major. For minor wounds, cleanse the wound thoroughly and cover with a dry, sterile dressing. For major wounds, control bleeding by applying a pressure dressing directly over the wound and secure the dressing firmly in place.
Incisions	Skin cut by sharp objects such as razor blades, knives, glass, or can openers	Same treatment as for abrasions
Lacerations	Skin torn jagged and irregular by machinery, hand tools, and saws	Same treatment as for abrasions and incisions
Punctures	Skin penetrated by nails, knives, needles, or other sharp objects	For puncture wounds, apply pressure to the surrounding flesh to encourage bleeding. Then cleanse again and apply dressing.

Table 22.2

Recovery occurs rapidly as gravity brings an increased blood supply to the head. Cover the person to maintain body heat, but do not overheat. Bathe the person's face with cool water. If available, smelling salts or spirits of ammonia can be used. The person should rest for at least 10 minutes or fainting might recur. Injury resulting from falling is one danger of fainting.

◆ ***Essential Questions: Fainting*** ◆

1. What are some of the possible causes of fainting?
2. What should a person do who feels faint?

SHOCK

Shock is the disturbance of body functions resulting from circulatory failure and is commonly associated with injury. An injured person should be treated for shock as a precautionary measure even if no symptoms of shock are evident. The signs that indicate shock include pale, moist, and cool skin; weak and rapid pulse; shallow and irregular breathing; vacant dazed eyes with dilated pupils; weakness, confused attitude; excessive thirst; nauseous feeling with or without vomiting, and sometimes unconsciousness. Unless absolutely necessary, the person in shock should not be moved before medical assistance arrives. Cover the person to maintain body heat, but do not overheat. The person should be kept lying down. If there are no chest injuries or breathing difficulties elevate the feet about 10 inches. Do not elevate the feet if doing so causes pain. If there are head or chest injuries, breathing difficulties, or pain when legs are elevated, raise the person's head and chest eight to ten inches. Keep the person lying flat when in doubt. Place the person on side if unconscious.

◆ **Essential Questions: Shock** ◆

1. What are some signs which may indicate shock?
2. What should the caregiver do to the person in shock?

CHOKING

Occasionally, a person will choke while eating food or drinking a beverage. ***Choking*** occurs when a foreign object lodges in a person's throat and prevents breathing. When choking occurs, the person cannot speak and may not be able to move. The choking victim may be unable to alert anyone to what is happening. Without help, the person will die in only a few minutes.

Prevention of choking involves being aware of the older person's ability to thoroughly chew and properly swallow foods in the diet. It is recommended that caregivers enroll in and receive certification/recertification in a course which offers instruction in ***Cardiopulmonary Resuscitation (CPR)*** and the Heimlich Maneuver. Some groups that offer such training include the American Red Cross and the American Heart Association. If a person is choking, act quickly. To be certain that the person is choking rather than having a heart attack, ask the person a question like, "Do you need some help?" The person who is choking will not be able to answer aloud. The heart attack victim will be able to answer aloud.

If it is certain that the person is choking, perform the Heimlich Maneuver immediately. The ***Heimlich Maneuver*** is a method used to force out the object blocking a choking person's airway by using air still in the victim's lungs. To perform the Heimlich Maneuver, the caregiver should do the following:

1. Stand behind the victim and put arms around the victim's waist.
2. Make a fist with one hand. Place the thumb side of the fist on the victim's abdomen between the navel and the breastbone. Do not place on breastbone.
3. Place the other hand on the fist and press on the victim's abdomen with an upward thrust.
4. Repeat steps 1-3 if necessary. If the object has entered the windpipe or the tubes leading to the lungs, coughing occurs. In this case, removal by a specialist is required.

◆ **Essential Questions: Choking** ◆

1. What is the importance of the caregiver learning CPR and the Heimlich Maneuver?
2. What are the steps in performing the Heimlich Maneuver?

POISONS

If poison is ingested, the caregiver should read the label on the product for first aid measures to follow. If instructions are not provided, follow the methods given below.

For ingestion of strong acids or alkalis, such as oven cleaner, drain cleaner, toilet cleaners, lye products, ammonia products, and dishwasher detergents, have the person drink milk or water in large quantities and seek medical advice. Do not give vinegar, citrus juice, or oils as they can make the condition worse.

For ingestion of methanol and related products such as antifreeze, windshield-washer liquid, shoe dye, shoe polish, and paint remover, use syrup of Ipecac (emetic that induces vomiting). If syrup of Ipecac is not available, give water and try to make the individual vomit by gently tickling back of throat with a spoon. The person should be placed in a frontward bent over position when vomiting begins.

Resources for Assistance

Texas State Poison Center. This agency is concerned with the development and dissemination of new or improved treatment methods for poisoned victims. For further information, contact:

Southeast Texas State Poison Center
University of Texas Medical Branch
Galveston, TX 77555
(409) 765-1420 or

North Texas Poison Center
5200 Harry Hines Blvd.
Box 35926
Dallas, TX 75235
(800) 764-7661

American Association of Poison Control Centers. This organization is concerned with the promotion and encouragement of developing more effective methods for the prevention and treatment of poisoning and the exchange of this information with other centers and groups. For additional information contact:

American Association of Poison
Control Centers
3201 New Mexico Avenue, Suite 310
Washington, D.C. 20016
(202) 362-7217
www.aapcc.org

In the event that these addresses or telephone numbers change, consult a local poison center.

◆ **Essential Questions: Poisons** ◆

1. If poison is ingested, why is it important to read the label on the product for first aid measures?
2. What procedures should be followed if a person has ingested poison?
3. What is syrup of Ipecac?
4. Where can the caregiver seek emergency assistance?

Chapter Highlights

- ☆ Thousands of the older adult population over age sixty-five are treated every year for injuries associated with products they live with and use every day.
- ☆ More than 48 percent of all accidental injuries occur in and around the home.
- ☆ Falls are a leading cause of accidental deaths and injuries for the older adult.
- ☆ The caregiver should follow general safety rules and household products safety rules relating to housekeeping matters.
- ☆ An emergency fire exit plan, as well as an alternate escape route, should be planned and understood by all members of a household or care facility. At least one smoke detector should be placed on every floor of a home.
- ☆ The Consumer Product Safety Commission (CPSC) protects the consumer from unreasonable risks associated with consumer products, and develops safety standards of consumer products, develops uniform safety standards for consumer products, minimizes conflicting state and local regulations, and provides research and investigation into product-related deaths, illnesses, and injury.
- ☆ The U.S. Fire Administration monitors residential fire detectors and related equipment, encourages owners and managers of certain types of buildings to prepare fire safety effectiveness statements, and assists in the development of fire safety standards for consumer products.
- ☆ Unsafe behavior and/or unsafe environments contribute to most accidents or emergencies in the home.
- ☆ First aid principles should be followed carefully to help meet home emergency needs of the older adult.
- ☆ First aid supplies should be stored together out of the reach of children, secured in a cabinet or box, and easy to locate.
- ☆ The emergency medical (EMS) is an excellent source of help when an emergency occurs.
- ☆ Burns, wounds, fainting, choking, shock, and poisoning are common first aid situations that caregivers may encounter on the job.
- ☆ The Heimlich Maneuver is a method used to force out the object blocking a person's airway by using air still in the victim's lungs.
- ☆ If poison is ingested, follow the first aid measures provided on the product or container label.

Chapter 23

Elder Abuse and Neglect

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C	Identify laws, trends, and issues affecting older adults.
1H	Identify resources for addressing the various needs of older adults.
10D	Describe types of elder abuse, neglect, and prevention.

Chapter Vocabulary

- active neglect
- elder abuse
- elder neglect
- exploitation
- financial abuse
- passive neglect
- physical abuse
- psychological abuse
- neglect
- self-neglect
- sexual abuse

Elder abuse and neglect is a disturbing reality in today's society. For many older people, the risk of being abused, or neglected, or exploited is real. Family caregivers or other caregivers are most often the abusers. The problem crosses all geographic, socioeconomic, and ethnic barriers.

According to the National Center on Elder Abuse (NCEA), "Elder abuse in domestic settings is a widespread problem, possible affecting hundreds of thousands of elderly people across the country. However, it is still largely hidden under the shroud of family secrecy, this type of abuse is grossly underreported."

According to facts and figures from the Texas Department of Protective and Regulatory Services, more than 73 percent of all case of abuse, neglect, or exploitation of adults living at home (in private, noninstitutional settings) involve neglect, often self-neglect.

An extension Educator in Family Life, with the University of Illinois Extension Service, says that many experts agree that the reported number represent only the "tips of the iceberg." It is estimated that only one out of fourteen domestic elder abuse cases is reported to the authorities.

DID YOU KNOW?

The typical victim of elder abuse is a widowed, white female in her mid-70s or older, and living on a limited income. The older person usually lives with the abuser, who is often a spouse or adult child. Fearing retaliation by the abuser, being ashamed of the situation, or worrying about having to leave one's home are some of the reasons older people do not report abuse.

The common kinds of abuse are:

- ***physical abuse***, the infliction of physical pain or injury (e.g., slapping, bruising, restraining);
- ***psychological abuse***, the infliction of mental and emotional anguish (e.g., humiliating, intimidating, threatening);
- ***sexual abuse***, nonconsensual sexual contact with an older person (e.g., sexual molesting)
- ***financial abuse***, the improper or illegal use of the resources of an older person, without his/her consent, for someone else's benefit; and
- ***neglect***, failure to fulfill a caregiving obligation to provide goods or services (e.g., abandonment, denial of food or health-related services).

ELDER ABUSE AND NEGLECT

As family violence and dysfunction increase throughout society, so does the abuse and neglect of older persons both in family care situations as well as in professional care situations. In many cases, the frail older persons who are being neglected or abused will not complain due to their dependence upon the caregiver who is guilty of the mistreatment. Older persons experience mistreatment through neglect and/or abuse. ***Elder neglect*** is the failure of a caregiver to provide adequate care for whom the caregiver is responsible. It is not what the caregiver willfully does to the older person; it is what the caregiver fails to do for the older person in need. The two types of neglect are as follows:

- ***Passive neglect*** is unintentional. An example of passive neglect would be not knowing the older person was ill; therefore not seeking medical attention for that older person.
- ***Active neglect*** is intentional. An example of active neglect would be denying the older person food or needed medication.

Elder abuse is the intentional infliction of physical, psychological, sexual, and financial harm directed at the older person by the caregiver. All persons associated with older adults are in a position to enhance or to neglect and abuse, including family members and friends.

Characteristics of Abusive and Neglectful Caregivers

A caregiver who is abusive or neglectful may exhibit the following signs and characteristics:

- has recent health problems
- is depressed
- is preoccupied
- blames self for failures
- tells conflicting stories
- is aggressive
- is defensive
- abuses alcohol or drugs
- shifts blame to others
- is resentful
- neglects personal care
- has recent monetary gain
- has excessive fatigue
- socially isolates the older person from others
- previously abusive to others

- unwillingness or reluctance to comply with service providers in planning for care and implementation.

These behaviors in themselves, of course, do not indicate abuse or neglect. However, they are clues to ask more questions and look beyond the obvious.

Indications of Abuse and Neglect

The signs, symptoms, and characteristics of older victims who are suffering from active abuse and/or neglect at the hands of caregivers include the following:

- has advancing depression
- has frequent physical injuries
- complains of pain where there is no visible injury
- has overly cooperative attitude
- wants to please others
- has recent financial loss
- is timid and withdrawn
- displays anger
- experiences anxiety
- is nonresponsive and emotionless
- is confused
- desires death
- has obscure health complaints
- talks about seeking medical care
- does not react to pain

The signs, symptoms, and characteristics observed in older persons who suffer from passive abuse and/or neglect at the hands of caregivers include the following:

- is tired
- is listless
- is in need of medical attention
- is in need of dental attention
- appears undernourished
- shows evidence of inadequate or inappropriate use of medications
- has regularly dirty and torn clothing
- lacks hygiene habits
- has skin rashes or skin conditions rising from lack of cleanliness
- requests and looks for food
- remains alone for long periods of time

According to the Texas Agricultural Extension Service, injuries are sometimes hidden or on areas of the body covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention pair to their location and treatment. Frequent use of the emergency room and hospital or "health care" shopping may also indicate physical abuse. The lack of necessary aids such as walkers, canes, and bedside commodes; lack of necessities such as heat, food, and water; and unsafe conditions in the home may indicate abuse or neglect.

The previous lists indicate possible clues to abuse and neglect. They can be helpful in assessing the older person's situation. The physical assessment of abuse should be made by a health practitioner.

Indications of Financial Abuse

The list certainly does not intend to be exhaustive. It is important to fully evaluate the situation before coming to the conclusion that there may be financial abuse. In Texas, the law uses the term exploitation. According to Chapter 48 of the Texas Human Resources Code, ***exploitation*** is defined as the illegal or improper act or process of using the resources of an older or disabled person for monetary or personal benefit. The list is intended to convey sign of possible abuse.

According to the gerontology specialist at the Texas Agricultural Extension Service, possible indicators of financial abuse include:

- unusual activity in bank accounts
- activity in bank accounts that is inappropriate to the older adult (i.e., withdrawals from automated teller machines when the person cannot walk or drive to the bank)
- unusual interest in the amount of money expended for the care of the older person, or concern that too much money is being spent
- refusal to spend money on the care of the older person (e.g., unpaid bills, overdue rent)

- recent acquaintances expressing gushy, undying affection for a wealthy older person
- lack of amenities (i.e., personal grooming items, television, radio, appropriate clothing)
- personal belonging such as jewelry, art, and silverware missing
- housekeeper or caregiver may keep older adult from family members and friends
- signatures on checks and other important papers do not resemble older person's signature

Self-Neglect

According to the Texas Department of Protective and Regulatory Services, ***self-neglect*** occurs when individuals fail to provide themselves with whatever is necessary to prevent physical or emotion harm or pain. The reasons that vulnerable adults neglect their own needs are often complicated, and frequently, people are unaware of the severity of their situation.

Some common signs for self-neglect may include:
- obvious malnutrition
- being physically unclean and unkempt
- excessive fatigue and listlessness
- dirty, raggedy clothing
- unmet medical needs
- refusing to take medications or disregarding medical restrictions
- home in a state of filfth or dangerous disrepair
- unpaid utility bills
- lack of food or medications

Depression can cloud an individual's view of the situation and their world around them. Sometimes older people lose their motivation to live due to their loneliness and isolation. Other causes of self-neglect may include:
- unexpressed anger, frustration, or grief
- alcoholism or drug addiction
- sacrificing for others at the expense of their own unmet needs
- physical or mental illness

Sometimes the cause of older adults neglecting themselves is directly related to the influence of someone else in their life. In some situations, the older adult may be sacrificing their needs in order to care for an ill spouse or grandchildren. Intervening in such situations requires extreme caution as the older adult may be resistant to any change which threatens the relationship.

It is very important to respectfully involve the older adult in the effort to determine the cause of their self-neglect. It is also important for them to express their feelings as this may reveal the cause of the problem as well as its solution.

Depending upon the situation, other helpful actions could include:
- medical or dental treatment
- antidepressant medications
- helping them get involved in an activity or providing transportation to a social group
- getting them a pet
- confronting the older adult with their self-neglect
- hospital treatment may be required for more serious circumstances.

◆ Essential Questions: ◆ Elder Abuse and Neglect

1. What are the five most common kinds of elder abuse?
2. What are some characteristics of the abuser?
3. What are five indications of passive abuse and/or neglect?
4. What are five indications of active abuse and/or neglect?
5. What are some indications of financial abuse?
6. Why is it important to investigate the indicators before assuming that there is evidence of abuse and/or neglect?
7. Who should make the physical assessment of abuse?
8. What are some indicators for self-neglect?
9. What measures can be taken to help the individual who is neglecting their own needs?

WHERE TO GET HELP

Any person who believes that an older person has fallen victim to abuse or neglect should call the twenty-four hour abuse hotline 1-800-252-5400 (or the Texas Department of Protective and Regulatory Services) or file a report by sending or calling in the following information to Adult Protective Services:

- older person's name, age, and address
- caregivers name and address
- nature of the older person's condition
- the basis of the reporter's information
- other applicable information

Older persons may request protective services for themselves. Persons who report elder abuse will not be liable for any damages unless that person filed the report with the singlemost intention of causing injury to another person.

In Texas, the number of cases investigated by Adult Protective Services (APS) has risen 267 percent in the last decade. Any aged or disabled person who is in a state of abuse, neglect, or exploitation is eligible to receive adult protective services. Victims of abuse, neglect, or exploitation may receive short-term services such as emergency shelter, home repair, meals, transportation, help with financial management, home health services, and medical and mental health services.

It is important to call the office with jurisdiction over the geographical area where the older adult lives. If the suspected incident involves an older person living in an institutional setting, call the office of the local long-term care (LTC) ombudsman. To reach a LTC that has jurisdiction over the geographical area in which the older person lives, one can call the Eldercare Locator at 1-800-677-1116.

The State Elder Abuse Prevention Program, created by the 1987 Amendments to the Older American Act (OAA), was consolidated into the new Vulnerable Elder Right Protection Activities, Title VII, when the OAA last was reauthorized in 1992. Moneys have focused on professional training, coordination among state service systems and among service providers, technical assistance, and public education.

The Administration on Aging supports the National Center on Elder Abuse (NCEA) as a resource for public and private agencies, professionals, service providers, and individuals interested in elder abuse prevention information, training, research, and technical assistance.

Abuse and neglect of older adults has been labeled a "national disgrace." Help is needed for the abused victims as well as for those who abuse and neglect older persons.

Resources which can provide additional information include the:

Administration on Aging
U.S. Department of Health and
Human Services
330 Independence Avenue, SW
Washington, DC 20201
(202) 619-0724
www.aoa.gov

The Eldercare Locator
(800) 628-677-1116
www.aoa.gov

National Center on Elder Abuse
1225 I Street, NW Suite 725
Washington, DC 20005
(202) 898-2586
www.gwjapan.com/NCEA

Adult Protective Services
Texas Department of Protective and
Regulatory Services
P.O. Box 149030
Austin, TX 78714-9030
(800) 252-5400 (Elder Abuse Hotline)
www.tdprs.state.tx.us

Texas Department of Human Services
701 W. 51st Street
Austin, TX 78751
www.dhs.state.tx.us
(800) 458-9858 (Nursing Home Hotline)

Consumer Protection Division
Office of the Attorney General of Texas
(800) 621-0508

Texas Department on Aging
4900 N. Lamar Blvd., 4th Floor
Austin, TX 78751
(800) 252-9240
www.tdoa.state.tx.us

◆ Essential Questions: ◆
Where To Get Help

1. In Texas, what is the appropriate agency to report elder abuse and/or neglect?
2. Why do many cases of elder abuse/neglect go unreported?
3. What kinds of services can Adult Protective Services provide for the abused adult?
4. Why should help be available for the abuser as well as the abused?

Chapter Highlights

☆ Elder abuse and neglect is a disturbing reality in today's society.

☆ The common kinds of abuse are physical, psychological, sexual, financial, and neglect.

☆ Physical abuse is the infliction of physical pain or injury such as slapping, bruising, and restraining.

☆ Psychological abuse is the infliction of mental and emotional anguish (e.g., humiliating, intimidating, threatening).

☆ Sexual abuse is defined as nonconsensual sexual contact with an older person (e.g., sexual molesting, rape).

☆ Financial abuse is described as the improper or illegal use of the resources of an older person, without his/her consent, for someone else's benefit.

☆ Neglect is defined as the failure to fulfill a caregiving obligation to provide goods or services (e.g., abandonment, denial of food or health-related services).

☆ Passive neglect is unintentional. An example of passive neglect would be not knowing the older person was ill, therefore, not seeking medical attention for that older person.

☆ Active neglect is intentional. An example of active neglect would be denying the older person food or needed medication.

☆ Elder abuse is the intentional infliction of physical, psychological, sexual, and financial, harm directed at the older person by the caregiver.

☆ All persons associated with older adults are in a position to enhance or to neglect and abuse, including family members and friends.

☆ The physical assessment of abuse should be made by a health practitioner.

☆ Exploitation is defined as the illegal or improper act or process of using the resources of an older or disabled person for monetary or personal benefit.

☆ Self-neglect occurs when individuals fail to provide themselves with whatever is necessary to prevent physical or emotional harm or pain.

☆ Sometimes the cause of older adults neglecting themselves is directly related to the influence of someone else in their lives.

(Continued on page 246)

Chapter Highlights

(Continued from page 245)

☆ Any aged or disabled person who is in a state of abuse, neglect, or exploitation is eligible to receive adult protective services.

☆ Any person who believes that an older person has fallen victim to abuse or neglect should report it to the appropriate authorities.

☆ Help is needed for the abused victims as well as for those who abuse and neglect older persons.

Chapter 24

Facts About Older Adults as Consumers

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C Identify laws, trends, and issues affecting older adults.

Chapter Vocabulary

Cholesterol Free
Consumer Bill of Rights
DHHS
E-Commerce
expiration date
Extra-lean
Fat Free
FDA
FSIS
freshness date
Good Source of
Lean
High
Light
Low Fat
more/added/enriched
Nutrition Facts
nutritional labels
open dating
packing date
percent daily value
pull date
raincheck
Reduced/Less Fat
unit pricing
Universal Product Code
USDA

Older persons as consumers are particularly susceptible to the pressures of the marketplace. The marketplace of today offers an increasingly large and more complex number of alternatives than that of earlier generations. The caregiver can assist the older person in making wise choices when purchasing clothing, food, personal items, and household supplies.

CONSUMER PRACTICES

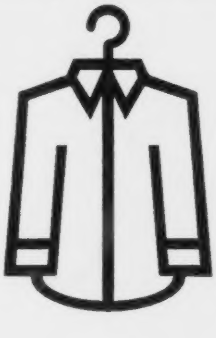
The increase in size of marketing and delivery systems results in a decrease of personal interest in the consumer. It becomes particularly significant to increase the awareness of the older person, who wishes to participate effectively in the consumer market, to these changes.

DID YOU KNOW?

The pace and course of societal and marketplace changes create compelling consumer protection needs for older Americans. Older people are often the targets of unscrupulous business practices. Consumer information and protection resources provide people with many options as they make important purchasing decisions. Information is available to older adults about how to maintain physical and mental health, achieve an adequate level of economic security, remain as independent and safe as possible, live an active and productive life, and be a wise consumer.

Clothes Shopping Guidelines

Simple, classic clothing styles usually have a longer fashion life and are, therefore, better bargains. Quality clothing produced from good workmanship will last longer and should be purchased during the respective "bargain seasons" when they can be obtained at substantial savings. Refer to Chapter 13 for more clothing information.



Deciding where to shop for clothing depends on factors such as the type of clothing item needed, the amount of money available to spend, and the availability of the clothing item needed. Aside from the conventional places to shop for clothes, such as malls and shopping centers, there are other alternative places to purchase clothing such as the following:

- economical clothing stores such as variety stores, mail-order houses, discount stores, factory outlet stores, thrift and consignment shops, and high-fashion discount stores
- secondhand clothing markets often have garments with minor defects, but it can be obtained at a greatly reduced price
- garage sales to find clothes for daily wear

Food Shopping Guidelines

Food is one area in the budget that can increase or decrease spending quickly in relation to the amount of money available. The caregiver can assist the older person in ways to spend available money to get the most and best food. The following are food shopping guidelines for older persons:

- Shop once a week from a list. Do not pick up extra items.
- Shop for sale items and use coupons.
- Stock up on a good bargain if money is available and item will be used.
- Try to buy seasonal things when they are in season.
- Compare meat prices by comparing cost per serving instead of cost per pound.
- Compare prices on different brands and sizes. Private or store brands are frequently produced by manufacturers of nationally advertised brands and can be as much as 15 percent cheaper.
- Try to allow adequate time for shopping, so decisions do not have to be hurried. Try to shop at less crowded times; often morning and mid-afternoon are best during the week.
- Watch as the clerk rings up purchases. Stop the clerk and check if overcharging is noticed.

- Ask for a ***raincheck*** if a store is out of an advertised special, so the product can be purchased at the same price when it is restocked.
- Return all faulty products to the store.

Product Labels and Packaging

Labeling. ***Nutritional labels*** are found on a panel printed on the packages of food products. The new labels, titled ***Nutrition Facts***, were first introduced by the U.S. Department of Agriculture ***(USDA)*** and the U.S. Department of Health and Human Services ***(DHHS)*** in January of 1993, and went into affect in May of 1993. Food labeling is regulated by two different federal agencies. USDA's Food Safety and Inspection Service ***(FSIS)*** regulates the labeling of meat and poultry food products and the Food and Drug Administration ***(FDA)*** regulates all other food products. FSIS required mandatory compliance by July of 1994, and the FDA required compliance by May of 1994.

The food labeling regulations expanded on mandatory nutrition labeling, defined reference amounts, provided a new label format, required a standard list of nutrients, and required more informative ingredient labels. The FSIS and the FDA also adopted standard definitions of nutrient claims such as free, less, low, good source of, extra lean, light (lite), high, reduced, more, and lean. The standard definitions established include the following:

- ***High*** - contains 20 percent or more of the total daily recommended nutritional component.
- ***Low Fat*** - contains 3 grams or less of fat per serving.
- ***Fat Free*** - contains less than 0.5 grams of fat per serving.
- ***Light (Lite)*** - 1/3 less calories or no more than 1/2 the fat of the higher-calorie, higher fat version, or no more than 1/2 the sodium of the higher sodium version.
- ***Cholesterol Free*** - contains less than 2 milligrams of cholesterol and 2 grams (or less) of saturated fat per serving.
- ***Good Source of*** - contains 10 to 19 percent of the recommended daily value per serving.
- ***Reduced/Less Fat*** - contains reduced fat content of 25 percent or more.
- ***More/Added/Enriched*** - contains 10 percent or more of the nutrient than the recommended daily value of one serving of the original.
- ***Lean*** - meat or poultry products with less than 10 grams of fat, 4 grams of saturated fat, and less than 95 milligrams of cholesterol per 100 grams per serving.

Nutrition Facts

Serving Size 1/2 cup (114g)

Servings Per Container 4

Amount Per Serving

Calories 90	Calories from Fat 30
	% Daily value*
Total Fat 3g	**5%**
Saturated Fat	**0%**
Cholesterol 0mg	**0%**
Sodium 300mg	**13%**
Total Carbohydrate 13g	**4%**
Dietary Fiber 3g	**12%**
Sugars 3g	
Protein 3g	

Vitamin A	80%	•	Vitamin C	60%
Calcium	4%	•	Iron	4%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Table 24.1

- ***Extra-lean*** - meat or poultry products with less than 5 grams of fat, less than 2 grams of saturated fat, and less than 95 milligrams of cholesterol per 100 grams per serving.

To make health claims about heart disease and fats, the food product must be low in fat, saturated fat, and cholesterol. To make health claims about blood pressure and sodium, the food must be low in sodium. To make health claims about heart disease and fruits, vegetables, and grain products, the food must be a fruit, vegetable, or grain product low in fat, saturated fat, and cholesterol, that contains at least 0.6 gram soluble fiber per serving.

The purpose of the new food labels is to provide consumers with advantages such as the following:

- ease in making informed food choices
- ease in comparing the nutritional values of similar food products
- ease in planning meals within dietary guidelines

In 1994, all food products (with some exceptions) were required to carry a nutrition label similar to the one illustrated in Table 24.1. The new nutrition facts labels includes information such as serving size, calories per serving, total fat, saturated fat, cholesterol, sodium, total carbohydrates, dietary fiber, protein, vitamins and minerals, and percent daily value.

Percent daily value, as shown in the far right column of the nutrition fact label, is based on current nutrition recommendations for a 2,000 calorie reference diet. The percent figure is used to determine and compare the amount that a particular nutrient contributes on a daily basis toward the 2,000 calorie reference diet.

Food products that are exempt from disclosing nutritional facts include raw, single ingredient meat and poultry products as well as most varieties of fresh fish, fruits, and vegetables. Products served in restaurants, products in small packages (less than 1/2 ounce–unless making a nutritional claim), products produced and packaged at retail, and products produced by small businesses are also exempt from disclosing nutritional facts.

Individuals on special diets recommended by their doctors can use the information from nutrition facts labels to help avoid restricted foods such as sodium. The ingredients in the food products are listed largest amount first, followed by the other ingredients in decreasing order of amount. They must be easy to read and not misleading.

Packaging. All the different brands and sizes of a certain product should be examined before selecting one. Customers are paying for the containers as well as the food. Fancy packaging costs more. Name brands are usually more expensive than store brands, and store brands are usually more than generic brands. Sometimes packaging costs more than the product. Small containers increase the price. Aerosol cans should be avoided because they have smaller amounts of product inside than comparable spray pump bottles. Canned goods in smaller sizes may cost proportionately more but may result in less waste. It is also possible to freeze part of a package of some items to keep the remainder fresh until ready to use.

Open dating is a calendar date on packaged meat and other perishable products. The dates help in selecting a fresh product and in helping to indicate how long the product can be kept before it will spoil. The dates may be any of the types listed below. If the dates are not easy to read or are coded, ask the store personnel how to read them. The following are phrases with which a shopper needs to be familiar:

- ***packing date*** - final processing or packing. Example: canned foods.
- ***freshness date*** or "use before"–quality of product will be as purchased at least until that date. Example: bakery items.
- ***pull date*** - store should remove from shelf.

Date allows for a reasonable time for home use beyond this date. Example: eggs and meat.

- ***expiration date*** - quality is not assured beyond this date. Example: yeast.

The majority of packaged foods now have a series of black vertical bars and numbers that identifies the product and the price known as the ***Universal Product Code***. (See Figure 24.2.)

51000 01261

Figure 24.2

When the product is passed over an electronic scanner at the checkout counter, the item is identified and the computer matches the product to the price. The price is printed on a receipt along with a description of the product. This method of checkout is expected to reduce costs of store operation. The shopper must learn to look for prices on the shelf label rather than on the product itself.

Unit Pricing

The larger the quantity purchased at one time, the less that product usually costs per unit. A gallon of milk will usually cost less than buying four separate quarts. To determine if quantity buying is in fact cheaper, unit pricing is necessary. ***Unit pricing*** is the process of determining the price of a product per unit, such as pounds, gallons, and ounces, rather than per package. The unit price for a product is calculated by dividing the price of the product by the number of units in the package. The caregiver can determine which brand is cheaper and which size of a product offers the best price if the unit price is known. Generally, the larger the quantity purchased, the more the consumer gets per dollar as shown in Table 24.3.

It is possible to determine from the list that the 7.7 ounce generic toothpaste is the least expensive of the various sizes of the two brands. The 7.7 ounce size of the Cleanteeth toothpaste brand is the least expensive for that particular brand. Some stores offer this type of unit pricing, while others do not, and it will be necessary for the caregiver to do the calculations and compare prices.

Unit Pricing

Product	Size	Price	Unit Price per oz.
Cleanteeth Toothpaste	2.7 oz.	$ .99	$ .37
Cleanteeth Toothpaste	4.6 oz.	$ 1.29	$ .28
Cleanteeth Toothpaste	7.7 oz.	$ 1.59	$ .21
Generic Toothpaste	4.6 oz.	$ 1.04	$ .22
Generic Toothpaste	7.7 oz.	$ 1.29	$ .16

Table 24.3

◆ Essential Questions: ◆ Consumer Practices

1. Why is it important for the older adult to be aware of the ever-changing market place?
2. What are four guidelines the caregiver should follow when helping the older adult shop for clothing?
3. What are some ways that the caregiver can help the older adult shop wisely for food?
4. What is the purpose of a raincheck?
5. How is food labeling regulated?
6. What are nutrient claims and how are they defined?
7. What is the purpose of the information from nutrition facts labels?
8. Why are name brands foods usually more expensive than generic brands?
9. What is open dating?
10. How does the Universal Product Code work?
11. How is the unit price of a product calculated?

PERSONAL AND HOUSEHOLD ITEMS

The marketplace is proliferated with places to buy personal and household products. They may be purchased in or by the following:

- Supermarkets
- Department stores
- Factory outlet stores
- Resale–secondhand stores
- Discount stores
- Garage sales
- Goodwill stores
- Sample stores
- Specialty stores
- E-Commerce (Internet)
- Professional personal shoppers

Carefully study the community, and watch for variations in services provided, location, amount of decorations, and other factors that can affect the final price of the goods or service. Information from sales persons should be evaluated very carefully. Businesses vary greatly on the amount of factual information they provide to sales clerks or expect them to know about the products they sell.

Shopping Guidelines for Personal and Household Items

The following guidelines may be followed by the caregiver when assisting older adults with the purchase of personal and household items:

- Compare price, quality, and design. Often, the same product is sold under different names, by different states, and at different prices. Price alone does not indicate quality.
- Comparison shop. Different types of stores will charge different prices for the same product and brand, and the only way to get the best price is to comparison shop. Using the telephone to comparison shop will save time and money.
- Purchase personal items, such as toothpaste or deodorants, at drug or discount stores. These items are usually less expensive at these stores than at grocery or department stores.
- Shop according to sale times or special offers. Off-season purchasing can be economical with all kinds of products–from air conditioners to vacation trips. It can also avoid some of the crowded periods of

the store which mean added strain on older shoppers.
- Bargain shop whenever possible for a lower price.
- Substitute a less expensive item when possible.

Shopping By Mail

Because older consumers are not as mobile, they tend to rely more upon mail-order purchasing. Many businesses provide catalogs from which customers select items and orders. Problems, however, may be encountered concerning time required for shipping of merchandise, condition of merchandise upon receipt, and unauthorized order substitutions.

The Federal Trade Commission has recently established rules that clarify consumer's rights in regards to these problems. These rights include the following:
- right to know when to expect merchandise
- right to cancel order and obtain full refund if not delivered within stated time or within thirty days
- right to refund of money within thirty days if express consent is not given by consumer for an additional delay of over thirty days
- right to receive refund within seven business days after purchase is canceled

Shopping by E-Commerce

The growth of ***E-Commerce*** (shopping on the Internet) by all consumers has been phenomenal in the past few years. Many older adults are finding that shopping over the Internet is convenient and often economical A variety of goods and services are available for all consumers.

According to the National Aging Information Center, an increasingly attractive business segment known as the "mature market" has developed in response to increased longevity, economic prosperity, and income security underwritten by public benefit programs and entitlements. Understanding the needs and desires of older adults with disposable income has become part of the curriculum in a number of business schools and is quickly becoming a visible component of marketing and public relations firms. Income and education are identified as key attributes of older adults using the Internet; therefore, it is not surprising to find Internet sites which market exclusively to older adults.

◆ Essential Questions: ◆
Personal and Household Items

1. What are the different types of stores available in the community?
2. What are some guidelines the caregiver should follow when helping the older adult shop for personal and household items?
3. How has the Federal Trade Commission helped the consumer in regard to shopping by mail?
4. How has shopping by E-commerce affected the consumer in recent years?

CONSUMER BILL OF RIGHTS

The right to safety:

To be protected against the marketing of goods that are hazardous to health or to life.

The right to be informed:

To be protected against fraudulent, deceitful, or grossly misleading information, advertising, labeling, or other practices, and to be given the facts needed to make informed choices.

The right to choose:

To be assured, whenever possible, access to a variety of products and services at competitive prices, and in those industries in which competition is not workable and government regulation is substituted, an assurance of satisfactory quality and service at fair prices.

The right to be heard:

To be assured that consumer interests will receive full and sympathetic consideration in the formulation of government policy and fair and expeditious treatment in its administrative tribunal.

Figure 24.4

CONSUMER BILL OF RIGHTS

Under the leadership of President John F. Kennedy in 1962, a ***Consumer Bill of Rights*** was established and continues today as guidelines for entire consumer movement. The Consumer Bill of Rights are featured in Figure 24.4.

The Consumer Bill of Rights called for social action by individuals and groups in both the public and private sectors of society. For maximum consumer protections, individuals, government, and voluntary agencies and organizations must all be involved in a joint effort to assure the safety and efficacy of products, to increase the communication of accurate information, and to guard against the promotion of misleading information.

Resources for providing information to consumers and for hearing complaints from consumers must be available. Individuals must use these resources to become informed if they expect to make intelligent choices about the purchase and use of products and services. They must also be willing to object and to take needed action when deceptive practices occur. People must be afforded the opportunity to express grievances to government agencies, business enterprises, and consumer advocate groups when they have been victimized.

◆ Essential Questions: ◆ Consumer Bill of Rights

1. What are the four Consumer Bill of Rights?
2. What are the purposes of the Consumer Bill of Rights?

PERSONAL RESPONSIBILITIES

The caregiver can assist the older adult with personal matters such as writing checks for bills and reminding the person when bills are due. The depth at which such responsibilities are carried out will vary with the older person's desires and needs and the type of care facility in which the caregiver is working. Some personal matters in which the caregiver might assist the older person are listed below.

Business Papers

The following are ways for caregivers to assist the older adult in financial matters:

- Open letters, read, and write replies, as dictated, for older persons who can no longer do so themselves.
- Collect for and provide needed information to an older person and/or responsible family member concerning a personal matter that requires decision making on the part of the older person and/or family member.
- Get estimates of repair costs on items such as appliances, plumbing, and television.
- Call the Social Security Office to verify authenticity of mailings that claim to be changes in Medicare and Medicaid payments/services.
- Call the bank to get information on check balance.
- Keep accurate bookkeeping records of cash purchases made for the older person.
- Go over, explain, and on their direction, write out checks to pay monthly bills unless a responsible family member takes care of these.
- Assist, as directed by the older person or a responsible family member, with newspaper or magazine subscriptions, club memberships, library cards, and senior citizens passes.

Others

The following are general ways in which the caregiver can assist the older adult with personal matters:

- Make hair care appointments.
- Read out telephone numbers for the older adult who can still use the telephone but cannot see numbers, even in large print.
- Make a card file of most frequently used and emergency numbers in large print and place at telephone side (bold print and color cue emergency numbers).
- Dial the telephone number for older persons who cannot dial for themselves. Investigate a telephone with automatic dialing features.
- Hold telephone, or have telephone adapted, so older persons can talk without having to hold the telephone receiver.
- Arrange with family members, friends, a church group, or others for transportation to appointments and club meetings.
- Provide transportation for shopping or to appointments or club meetings.
- Make telephone calls to arrange visits of friends if the older person is unable.

◆ Essential Questions: ◆
Personal Responsibilities

1. How can the caregiver assist the older adult in taking care of financial matters?
2. What personal matters can the caregiver help the older adult?

Chapter Highlights

- Older persons are particularly susceptible to the pressures of the marketplace.
- The caregiver can assist the older adult in making wise choices when purchasing clothing, food, personal items, and household supplies.
- Food is one area in the budget that can increase or decrease spending quickly in relation to the amount of money available.
- The new nutrition labels titled Nutrition Facts include information such as serving size, calories per serving, total fat, saturated fat, cholesterol, sodium, total carbohydrates, dietary fiber, protein, vitamins and minerals, and percent daily value.
- Open dating is a calendar date on packaged meat and other perishable products that helps the consumer in selecting a fresh product and indicates how long the product can be kept before spoiling.
- The Universal Product Code is a series of black vertical bars and numbers found on products that identifies the product and the price.
- Unit pricing is the process of determining the price of a product per unit, such as pounds, gallons, and ounces, rather than per package.
- Older adults can benefit from shopping on the Internet as E-Commerce becomes an alternative for consumers.
- Older consumers tend to rely more upon mail-order purchasing since they are not as mobile.
- The Consumer Bill of Rights calls for social action by individuals and groups in both the public and private sectors of society.
- For maximum consumer protections, individuals, government, and voluntary agencies and organizations must all be involved in a joint effort to assure the safety and efficacy of products, to increase the communication of accurate information, and to guard against the promotion of misleading information.
- The caregiver can assist the older adult with personal matters such as correspondence and business bills.

Chapter 25

Frauds, Gyps, and Deceptions

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C Identify laws, trends, and issues affecting older adults.
15D Point out strategies for advocating the rights of older adults.
15E Analyze fraudulent and deceptive practices that victimize older adults.

Chapter Vocabulary

bait
"bank examiner" scheme
Better Business Bureau
bunco artist
burial schemes
deceptions
fraud
health quacks
"pigeon drop" scheme
pressure sell
switch

A great many older people are prime targets for advertisements that offer get-rich quick schemes, cure-all pills, ointments, and quick profits on investments. The aches and pains of older adults, their need for extra income, their vanishing hopes for a retirement home located in the lands of warmth and sun, and their gratitude for attention make them easy targets for false advertising and slick salesmanship. Illegal operators and hit-and-run peddlers entice older persons into schemes that drain them of their life savings.

All of the scenarios described in the previous paragraph are examples of ***fraud***. Each example is an act of misrepresentation and deception.

Older adults often fall prey to slick, fast talking salespersons who offer once-in-a-lifetime bargains. These are the types of salespersons that cannot stand investigative checks, and these are the ones that should be investigated thoroughly. Caregivers can assist older adults by watching for false and misleading claims that may appeal to the older adult and drain them of their savings.

HEALTH CLAIMS

Older adults often fall prey to salespersons or advertisements that offer the hope of improved health. Many of the health problems that older adults have are incurable and irreversible.

DID YOU KNOW?

Consumers of any age can become victims of fraud. Older adults need to realize that feelings of hurt, grief, loss, betrayal, or embarrassment are associated with being a victim of fraud. These feelings can be used constructively, to keep the older adult, a friend, or family member from becoming a victim of consumer fraud. If something sounds too good to be true, it probably is.

Ohio State University Extension,
Senior Series

The old-time medicine men who sold magical cure-alls and pain killers, often high in alcohol or opium, have all but disappeared. However, selling of false hope in the health field has not disappeared. It has simply kept pace with the times. The following are examples of ways that others take advantage of health concerns of the older adult.

Cures For Everything

Ads or salespersons who claim to have a cure for anything, specific or nonspecific, that ails an older person should immediately send up a warning signal. Most often, these ads or salespersons will appeal to the fears of the older adult that proper medical diagnosis and treatment would be too expensive and the person should turn to the "new astonishing" discovery offered by the peddler. One of the principal ***deceptions***, or misleading claims, aimed at older persons is the cure for arthritis and rheumatism. This is a favorite because twelve million Americans have some form of the disease. Persons should be wary of these claims. There is no known remedy capable of gaining any more than temporary relief from the diseases. The same generally holds true for claims of a cure for cancer. Effective treatments for cancer presently include chemotherapy, X-ray radiation, and combinations of these. Individuals should avoid quacks and institutes of doubtful scientific standing that advertise to cure cancer. When diagnosed and treated in its early stages, cancer may be cured by competent surgery and, in some cases, by use of radiation or chemotherapy, if such treatment is given by a reputable physician.

Ways To Spot Health Quacks

There may be clues to help the caregiver identify ***health quacks*** which include the following:

- will use special or secret machine or formula that claim to cure an ailment or variety of ailments
- will guarantee a quick cure
- will advertise with case histories and testimonials
- will say that X-rays, surgery, and drugs will harm you
- will say medical persons are persecuting them or afraid of competition

The caregiver can assist older people against medical quackery by doing the following:

- encouraging them to have a diagnosis made by a competent medical authority.
- having a relative or close friend insist that they have a diagnosis made by a competent medical authority. Sound advice, given but once, can be easily ignored.

◆ Essential Questions: ◆ Health Claims

1. How can the caregiver specifically help the older adult from being swindled or conned?
2. What health deceptions are commonly aimed at older adults?
3. What are some ways to spot a health quack?

INCOME SCHEMES

Knowing that many older people are hard pressed to stretch their retirement income to cover even the barest necessities, the "fast-buck" operators are all too anxious to sell, at a cruel price, false hope for extra income. Many legitimate opportunities are advertised for extra income, but the genuine offers can stand investigation.

The Federal Trade Commission has discovered a pattern to these deceptive offers. The approach is usually by an advertisement promising excellent, even spectacular profits for easy spare time work. The ads will frequently appear in the "Help Wanted" columns of newspapers. However, the catch is that before the person can start to receive these phenomenal profits, there is usually an investment of money needed for inventory of a purchase of some kind. People who are genuinely interested in the advertised operation should carefully investigate first. They should talk with the ***Better Business Bureau*** (a consumer protection agency) or anyone in whom they have confidence. Individuals should get all the facts before investing money.

◆ Essential Questions: ◆ Income Schemes

1. Why should a person interested in earning extra income investigate the business first?
2. What are the purposes of such agencies and organizations as the Better Business Bureau and the Federal Trade Commission?

BUNCO SCHEMES

Another group to which older adults very often fall prey are the con-artists—sometimes referred to as ***bunco artists***. These are persons who practice a swindling game or scheme intended to part older persons from their money. Persons may consider themselves much too sharp or too intelligent to fall for bunco artists' schemes, but law enforcement officers with expertise in the area indicate that there seem to be endless ways in which intelligent, well-educated, otherwise aware people can be swindled and degraded every day if they are hit with the right scheme, at the right time, by the right "operator." Despite all that law enforcement agencies can do, these schemes flourish as fast as they are exposed. Those who believe that they can get something for nothing are literally setting themselves up to be swindled; however, being aware that these things do happen is the best protection one can have. Knowing some of the common approaches encourages a person to think before doing anything drastic.

Pigeon Drop Scheme

In the ***pigeon drop scheme***, the victim is approached by the swindler and engaged in conversation on any sympathetic subject. This move is designed to gain the trust and confidence of the victim. About this time, a second person appears on the scene and claims to have just found a large sum of money. The victim is led to believe that whoever lost the money came by it illegally. The swindlers and the victim discuss what to do with the money. The second swindler suggests that, since the money was stolen or belonged to a gambler, they split it three ways. But each of them must show their "good faith" by going to the bank and withdrawing all their money from the bank. The victim is swept along with the expectancy of getting something for nothing. Once the victim has withdrawn his or her life savings from the bank, the swindlers cleverly exchange the money for a pouch full of paper. Hence, the life savings disappears with the bunco experts.

Bank Examiner Scheme

The ***bank examiner scheme*** involves a phony bank or savings and loan "investigator" who calls at the house claiming to be checking up on a dishonest employee. The person usually has a bunch of important looking papers and deposit slips from the bank of the victim being visited. The "bank examiner" wants help in checking on this dishonest employee by going to the bank and withdrawing all of the victim's own money so that the "bank examiner" can see what the employee does. Either the "bank examiner" or an FBI messenger will pick up the money at some prearranged point. The "examiner" is given the money and in turn gives a receipt and thanks for the cooperation of the victim. Once the "bank examiner" is gone, neither the examiner nor the money is ever heard from again. The bank, of course, never heard of the "bank examiner." Many banks, when asked by older persons to withdraw large amounts of their savings, will attempt to question the customer more carefully in order to help prevent such schemes.

It does not seem possible that anyone would actually fall for either of these two bunco schemes, but it happens everyday. The swindlers are experts. They know how to make the victim feel important, as if he or she is onto something big. The idea is to get the victim to act "immediately" without delay because if they stop and think, the bunco artist's stories begin to fall apart. People should never make hasty decisions about money or property. If the offer is legitimate—it will be there tomorrow.

If the caregiver suspects any deceptive claims or con artists at work, the following precautions should be taken:

- call the police immediately
- call the Better Business Bureau or other consumer protection agency
- talk with a reputable banker
- get all the facts before the older person invests any money

◆ *Essential Questions:* ◆
Bunco Schemes

1. Why should older adults avoid a bunco artist?
2. How would you describe the "pigeon drop" scheme?
3. How does the "bank examiner" scheme work?

LANDS IN THE SUN

Before rushing to purchase a retirement home in some advertised areas, individuals should always investigate. Older people are extremely susceptible to the advertising for a retirement home by a mail-order developer. Before buying, one should consult a lawyer or real estate agent.

Most states have some kind of land sale transaction laws. Before purchasing land, individuals should contact the proper state agency in which the land is located or the Department of Housing and Urban Development (HUD) and learn about the seller of the land. If the deal sounds too good to be true, it probably is.

◆ Essential Questions: ◆ Lands in the Sun

1. What advice should be given to individuals before purchasing real estate?
2. How can the Department of Housing and Urban Development help the prospective buyer?

BUSINESS SCHEMES

The following are other schemes and ways that dishonest people attempt to lure older adults away from their savings.

Bait and Switch

In this scheme, someone advertises a commodity at a ridiculously low price to get customers into the store or the place of business. The advertised commodity is the ***bait***. The customer asks to see the bargain or sale item only to find that it is sold out or does not exist. He or she is then steered to a higher priced item – hence, the ***switch***. The practice is illegal; the caregiver should report it to the Better Business Bureau or other consumer protection agencies.

Contracts

Individuals should never sign a contract without thoroughly reading and understanding its contents. If there is something that is not understood, the contract should not be signed. If questions remain after having read the contract, a lawyer, banker, or some other appropriate expert should be asked to look it over. A signature is one of the most valuable things one owns. It should be used cautiously.

Contracts are written for both goods and services. They should be reviewed to determine the responsibilities of both the seller and the buyer.

Pressure Sell

This is the rush technique, coupled with a dose of anxiety–producing a high ***pressure sell***. A person should never be influenced to sign anything or buy anything when tactics like this are used. If the deal is a good one, tomorrow it will still be a good deal. Encourage older individuals to allow time to do some checking and for a chance to compare prices and services with other businesses and the Better Business Bureau.

Mail Order Fraud

Since consumers cannot see the product or seller, mail fraud is a particularly popular area for deception. This deception is increased even more through its appeal to older adults who more frequently must rely on buying by mail. Cautions to take include the following:

- Read entire ad, including small print.
- Search ad for precise description of product– weight, material, description.
- Avoid items with overblown terms like fantastic, incredible, and revolutionary.
- Look for money-back guarantee – use extreme caution if none is given.
- Do not assume a company is reliable just because it advertises in a reputable magazine.
- Check with the Better Business Bureau for information on any questionable sellers.

Preventive legislation includes the following:

- U.S. law provides for fines and imprisonment with convictions of intent to deceive or misrepresent through the mail service.

- The U.S. Postal Inspection Service as well as the Federal Trade Commission are responsible for the monitoring of attempted fraud.

Unordered merchandise guidelines are as follows:

- Only free samples and merchandise from charitable organizations seeking contributions can be legally sent through the mail without a previous request.
- The consumer is not obligated to pay for, help handle, or return any unsolicited merchandise, nor is it legal for the consumer to be pressured to return the merchandise or pay for it.
- Any harassment should be reported to the Federal Trade Commission.

◆ Essential Questions: ◆
Business Schemes

1. How would you describe a "bait and switch" business scheme?
2. When it is considered safe to sign a written contract?
3. How can older adults take precautions against mail-order fraud?
4. What should a person do after receiving an unordered piece of merchandise with a bill enclosed?

DOOR-TO-DOOR SALES SCHEMES

Persons who knock on the doors of private residential homes in the hopes of selling their merchandise in a dishonest manner are involved in a door-to-door sales scheme.

Books, Encyclopedias, and Magazines

Salespersons may use a "sob story" angle, such as claiming to be disabled war veterans or college students selling magazine subscriptions for points. It is always best to check credentials. A person should not feel forced to buy anything that is not needed or wanted or that places strains on finances.

Burial Schemes

Older individuals should be cautious of ***burial schemes*** involving the prepurchase of cemetery lots and prearranged funerals. Although such prepurchases may sometimes be advantageous, the advantages and disadvantages should be considered prior to finalizing business arrangements. Money that would otherwise be accumulating interest elsewhere becomes tied up in prepurchase interactions. Credentials of salespersons should be checked thoroughly, and the purchaser should verify that any salespersons represent reputable businesses.

Common burial schemes emphasize the following:

- The survivor will be relieved of the difficult decision during a time when his or her business judgment may be impaired.
- Immediate purchase of a cemetery lot will prevent family squabbles about where the person will be buried.
- Prices of lots and funerals will be higher later.
- Purchase reduces demand on survivor's life insurance payoff when money counts.

Charity Solicitations

The United States has long been noted as a country that is concerned with the health and welfare of not only America, but also of the world. There are approximately 8,000 charitable, religious, and educational organizations concerned with providing assistance to their respective groups.

In order to promote ethical practices by philanthropic organizations, the Better Business Bureau (BBB) has developed a Set of Standards for evaluating organization, management, and finances of charitable concerns. The Better Business Bureau should be contacted to determine if the group with whom a consumer is dealing meets the BBB standards for charity solicitations. The information obtained then can be used as a guide for a decision on whether to contribute to that particular charity.

Home Improvement Rackets

Elders should beware of home improvement rackets. The following are examples of common home improvement rackets:

- Salesperson may tell you that your home has been selected as a model; you will get the product at a reduced price and also a commission on any sales the salesperson makes in your neighborhood. The promised commission may never come and the work may be shoddy.
- Salesperson may offer various types of improvements such as aluminum siding, furnace cleaning, roofing, septic tank cleaning, water conditioners, and porches.
- Salesperson may tell you to sign the contract and you will "only have small monthly payments."

Guidelines to protect against home improvement rackets include the following:

- Get at least a dozen names of people who have had this company do work and contact them.
- Always read and understand the contract before signing.
- Demand a duplicate contract with contractor's signature on it.
- Do not sign a completion certificate that may be given until the work is finished to your satisfaction.
- Know your payments and finance cost.
- Make sure the workmanship and product are guaranteed.
- Make payments on time. If a house is involved in the contract as collateral, as it usually is, the whole house can easily be lost if payments are not made on time.
- Always check with the Better Business Bureau to see if the deal, contract, and company are legitimate.
- Ask to see Peddler and Solicitor's Permit. Door to door salespeople are required in many cities to have a permit if between the ages of fifteen and sixty.

◆ Essential Questions: ◆
Door-to-Door Sales Schemes

1. What precautions should a person take involving the prepurchase of cemetery lots and prearranged funerals?
2. How can the Better Business Bureau assist older consumers in making charitable contributions?
3. What are some guidelines to follow in protecting oneself against home improvement rackets?

SOURCES OF ASSISTANCE

Some people make a living by cheating others. Many times these individuals count on the person who has been swindled not to report the swindle because of embarrassment. When working in services for older adults, it will be helpful for the caregiver to be familiar with places where one can receive help in case of fraud. Refer to Table 25.1 for sources of assistance in case of fraud.

Sources of Assistance

Organization	Cases it Can Help	Type of Help
Better Business Bureau	Almost any product or money fraud-very helpful in getting information on standard kinds of frauds.	To obtain information/advice about solicitor prior to investing, spending, or donating funds. Help following fraudulent incident.
Chamber of Commerce	Some Chambers of Commerce have Better Business Bureau (BBB) lists of frauds. Try BBB first.	To obtain information/advice about solicitor prior to investing, spending, or donating funds.
Federal Trade Commission	Products and services made, sold, or advertised across state lines.	To obtain information/advice about solicitor prior to investing, spending, or donating funds.
Law Enforcement Agencies (City/County)	Criminal and con men in area.	Help following fraudulent incident.
Post Office (Postal Inspector)	Anything involved with mail; anything ordered, shipped as advertised, bulked, or paid for by mail.	Help following fraudulent incident.
Small Claims Court	Dispute settlement of minor matters at very little cost.	Help following fraudulent incident.
State Attorney General	Products and services made, sold, or advertised within state.	Handles complaints of deceptive practices — Does not give information or advice.

Table 25.1

Chapter Highlights

- A great many older people are prime targets for ads that offer get-rich-quick schemes, cure-all pills and ointments, and quick profits on investments.
- Older persons should be wary of ads or salespersons who claim to have a cure for anything that ails them.
- Before investing money in any advertised operation, the older adult should talk with the Better Business Bureau or a person in whom they have confidence.
- Intelligent, well-educated, and otherwise aware people can be swindled and defrauded every day if they are hit with the right scheme, at the right time, by the right "operator."
- Since consumers cannot see the product or seller, mail fraud is a particularly popular area for deception.
- Persons should never make hasty decisions about money or property. If something is legitimate, it will be there tomorrow.
- If the older person has any questions or concerns regarding schemes and frauds, he or she should contact the Better Business Bureau or other consumer protection agencies.

Chapter 26

Procedures to Follow in the Personal Care and Hygiene of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

12A Describe technological advances that facilitate care of older adults.

12B Promote self-reliance while assisting older adults with personal care and hygiene.

12C Practice special housekeeping and maintenance skills associated with older adults.

12D Evaluate personal care procedures and schedules in an elder care facility.

Chapter Vocabulary

- cystoscopic examination
- dentures
- dermis
- epidermis
- hygiene
- liver spots
- manicure
- oral hygiene
- pedicure
- periodontal
- plaque
- podiatrist
- sitz bath
- skin pigmentation
- sphincter muscles
- therapeutic

PERSONAL CARE AND HYGIENE

Personal care and hygiene is essential throughout life. ***Hygiene*** is the practice or condition of preserving health. Health practices remain virtually the same in the later years, but some changes are necessary in order for older adults to care for themselves as much as possible. There are several psychological and physical benefits of maintaining personal care and hygiene.

Good hygiene helps to maintain a positive self-image as well as build self-confidence. Grooming is also important in maintaining general health and can lead to a more enjoyable and satisfying life. Personal care provides some exercise and therefore aids the older person physically. It affects behavior and attitudes and may prompt older persons to become more active outside the home if they are well-groomed. A great deal of information can be learned from the personal appearance and behavior of older adults.

DID YOU KNOW?

The AARP Web site includes a special collection of tools and gadgets that can help older people live independently. Information about a wide variety of inventive tools are available, including:

- Vibrating alarm clocks you can place under your pillow
- Electronic pill boxes with an alarm that signals when to take medications
- Telephones with memory dialing and spaces for photos of people frequently called
- Timed faucets that automatically turn off water
- Talking watches, clocks, timers, calculators, scales, heart, and blood pressure monitors
- Voice-activated automatic telephone dialers
- Plastic finger loops that help turn keys in doors and car ignitions
- Clothing with looped-tape fasteners

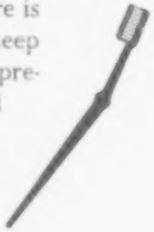
Older individuals may need assistance in meeting some of their grooming needs due to physical limitations, behavioral problems, or emotional reasons. Some older adults may not remember to brush their teeth or comb their own hair. It may be easier for the older person to overlook a stained garment or misbuttoned clothing item due to poor eyesight or arthritic hands. Taking care of grooming needs requires great energy and effort; therefore, it becomes an exhausting ordeal for older adults.

The caregiver must be careful when assisting older adults with basic grooming needs. Being overly helpful can create too great a dependence on the caregiver and create low self-esteem in the older person. Most adults have been independent throughout their lives, and it is often difficult to have to suddenly depend on others, especially for personal needs. It is imperative that the caregiver be as efficient, pleasant, and understanding of the older person as possible. It is important for the caregiver to assist the older adult, but the caregiver must encourage older persons to do as much for themselves as possible.

◆ Essential Questions: ◆
Care and Hygiene

1. What are the benefits of maintaining personal hygiene?
2. Why is it important for the caregiver to encourage the older adult to do as much for themselves as possible?

ORAL HYGIENE



Oral hygiene should be included in the older person's daily grooming routine. The status of the teeth and gums affects the total health of the person. Oral care is given to cleanse the mouth, keep the gums in good condition, prevent tooth decay, prevent bad breath, protect the mucous membrane from drying and cracking, prevent sores and ulcerations, reduce the danger of infection, provide daily observation for problems such as ill-fitting or broken dentures or signs of decaying teeth, and prevent plaque buildup.

Plaque is a colorless film of bacteria that gradually builds on the teeth. Brushing the teeth helps to remove the buildup of layers of plaque. If plaque is not removed daily, teeth will begin to decay and form cavities. Plaque is also the major cause of gum disease or ***periodontal*** disease. In adults, gum disease is the major cause of tooth loss, not cavities. Poor oral hygiene may also lead to loss of appetite and weight. Healthy teeth and gums, as well as properly fitted dentures, are essential to chew and digest food.

Older persons may have full dentures, partial dentures and some of their own teeth, or all of their own teeth. Full dentures means all the teeth are missing and have been replaced by artificial ones. Partial dentures means some of the teeth are original and some have been artificially replaced.

Principles of Oral Hygiene

The following principles of oral hygiene will be helpful when the caregiver is assisting an older person with oral care:

- Soft-bristled toothbrushes are best because they do not irritate the gums.
- Rubber gum stimulators, dental floss, and oral hygiene appliances may be helpful.
- Warm, mildly salted water makes a good mouthwash.
- The mouth should not be neglected no matter how ill the older person may become.
- The older person should be encouraged to do as much of the oral hygiene as possible for himself/herself.
- Care of the mouth should be attended to daily.
- Special care should be used with dentures.

Procedures For Oral Hygiene of Bedridden Older Adults

Whether working in a private home or care facility, the caregiver may be asked to assist with oral hygiene for an older person. In cases where the older person is ambulatory, the caregiver can encourage the person to carry out oral hygiene tasks. In other situations when the older person is bedridden and needs assistance, the caregiver should assemble the following items:

- basin
- cup of fresh water
- drinking straw for water, if needed
- tissues
- toothbrush
- toothpaste or baking soda
- towel

The caregiver will assist older adults with oral hygiene only when instructed by a supervisor or the person in charge. The procedures for assisting a person with oral hygiene are as follows:

- Gather supplies.
- Wash hands and put on latex gloves.
- Tell the older person what is going to be done.
- Place a towel under the person's chin to protect bedclothes.
- Pour water over a toothbrush and put toothpaste or baking soda on the brush.
- Carefully place the toothbrush into the older person's mouth with bristles down. Turn the toothbrush with bristles toward teeth, and with an up and down motion, brush surfaces of all teeth.
- Provide a cup of water for rinsing the mouth.
- Put basin near the person's chin for return of fluid.
- Remove the basin.
- Wipe the person's mouth and chin and remove the towel.
- Clean and put away supplies and wash hands.

Procedures For Helping Older Adults With Care Of Dentures

When assisting older adults with the care of ***dentures*** or artificial teeth, the caregiver must be extremely careful to avoid breaking or misplacing the dentures. The caregiver should encourage older persons to wear their dentures. The caregiver should use extreme care when handling the dentures of an older person. Dentures are expensive and can break if dropped on a hard surface. When the dentures are left out of the mouth, they should be placed in a container with enough water to cover them. The caregiver should encourage older persons to place their dentures in a denture cup or small container. Many care facilities prefer to have the person's name on the cup or container. Privacy should be provided for the older person when dentures are being cleaned. The caregiver should encourage older adults to clean their own dentures when possible. The following procedures will help the caregiver assist older persons with care of dentures:

- Assemble supplies: basin (if person cleans their own dentures), cup with fresh water, mouthwash, tissues, toothbrush or denture brush, toothpaste or denture powder or tablet.
- Wash hands.
- Discuss with the older person what you plan to do.
- Ask the person to remove dentures if able to do so. This often gives the older adult a sense of independence and frees them from any sense of embarrassment.
- Put dentures in cup to remove them to bathroom for cleaning.
- Allow person to rinse mouth with mouthwash before replacing dentures.
- Use tissue to hand dentures to the older person.
- Clean and put away supplies.
- Wash hands.

The caregiver should report to the person in charge any signs of poor fitting dentures, sores in the mouth, or the inability to chew food. Usually a dentist can reline the dentures to improve the fit.

◆ **Essential Questions:** ◆
Oral Hygiene

1. What are the correct procedures for assisting a person with oral care?
2. What is the major cause of gum disease?
3. What is the major cause of tooth loss in adults?
4. What types of toothbrushes are recommended? Why?

NAIL CARE

Care of the fingernails and toenails is a very important part of personal care. Good care will prevent infection and bacteria buildup under the nails. The caregiver should soften brittle nails of the older person by soaking the nails in warm water before attempting to cut and file the nails. Doing this will make the procedure easier and safer. The caregiver can cut the nails of an older person only when special instructions are given from the person in charge. In a private home situation, the caregiver should never cut the toenails of a diabetic or a person on blood thinners without special permission from the person's doctor or the responsible family member.

In an care facility, a doctor's order is needed for trimming the nails of an older person with medical problems such as diabetes, and the nails are always trimmed by a licensed nurse or ***podiatrist*** (foot specialist). Diabetics may have poor circulation; therefore, the slightest nick in the skin could result in diabetic ulcers that heal slowly or sometimes never heal.

A nick or cut in the skin of a free bleeder or person on blood thinners may require medical attention. Toenails should be cut straight across to avoid ingrown nails. A wisp of cotton can be tucked under the nail to prevent pressure on the toes when toenails tend to grow inward at the corners.

The caregiver should not use nail polish on an older person's nails unless given special permission from the person in charge. Unpolished nails are used to check circulation and other conditions of the body. The polish on nails makes it impossible to observe these conditions.

Procedures For Nail Care

Some older people may prefer to have a professional ***manicure*** (fingernail grooming) or ***pedicure*** (toenail grooming) by a manicurist. Some older persons who are disabled, very ill, or who have had a lengthy hospitalization may need assistance in caring for their nails. In situations where the older person needs assistance with nail care, the caregiver should assemble the following items:

- bowl or small container of warm, soapy water
- nail file
- emery boards
- nail clippers and manicure scissors
- orange stick
- softening cream
- towel
- nail polish (clear or light color used in some situations)

The procedure for assisting an older person with nail care includes the following:

1. Assemble and organize supplies.
2. Prepare warm, soapy water in bowl or small container.
3. Place the bowl or container on a towel at a convenient height and position for the person.
4. Ask the older person to soak the fingers on the right hand about five minutes in the bowl.
5. Remove the person's right hand from the bowl.
6. Dry the hand and the nails – pushing the cuticle back gently with the towel. Softening creams are also helpful to soften the cuticles.
7. Place the left hand of the older person in the bowl or container of warm, soapy water.
8. Use a fine emery board to shape the nails in an oval (or follow the contour of the fingertips) on the right hand. File from the outer edge toward the center on each side of each nail.
9. Use an orange stick to clean under the fingernails. A sharp metal file should not be used to clean under the nails.
10. Rub lotion or cream on the hands to keep them soft and moist.
11. Repeat procedure for left hand.
12. Polish nails if desired by an older person and if instructed to do so.

Report any unusual condition of the hands or feet, or ingrown nails to the person in charge.

◆ ***Essential Questions:*** ◆

Nail Care

1. Why is good nail care an important part of personal grooming?
2. What is the purpose of cutting toenails straight across?

HAIR CARE

The older person needs regular hair care. Brushing the hair helps to circulate blood in the scalp. Brushing also helps to spread natural oils from the scalp, removes dirt, and eliminates the problem of dull, lifeless, or matted hair.

Due to loss of pigmentation (coloration), hair becomes gray and eventually whitens. It is believed that decreased circulation causes loss of pigment. Hair becomes thicker in some areas, such as the eyebrows or face, and thinner on the scalp, especially in males. Hair thinning may be caused by several factors: heredity, scalp infections, fatigue, severe illnesses, or emotional strain. Nearly 75 percent of the male population over age forty shows some signs of balding. Balding can also occur in women, but much less frequently. Hair thinning is frequently seen with older women.

The caregiver should encourage older persons to brush their hair because it provides exercise, stimulates blood circulation to the scalp, improves appearance, and boosts morale. The caregiver may need to assist older persons who are unable to brush their hair. When brushing the older person's hair, the caregiver should be gentle because the older person's scalp is often very sensitive.

For older persons with limited mobility in the arms and hands or a limited reach or grasp, long handled combs and brushes may be helpful. The combs are available in several different designs to meet particular needs. Models vary from expandable and extendable handles to adjustable angles of the comb. These devices are fairly inexpensive and can be purchased through most pharmacies and hospital supply houses.

In addition to combing and brushing hair as frequently as needed, the older person will need an occasional shampoo. If the person is able to bend over a sink or able to sit in a chair and lean back over a sink, shampooing should be fairly easy. Some older persons, especially women, may prefer and enjoy having their hair done by a professional hair stylist. At other times the caregiver may need to assist with the shampoo.

Shampoo Procedures for the Mobile Older Adults

Listed below are the procedures to follow for shampooing the hair of a mobile older person.

1. Locate and organize all needed materials (towels, shampoo, brushes, and combs).
2. Secure a towel around the shoulders of the person.
3. Check to see that all hair clips, pins, and combs are removed.
4. Ask the person to remove any jewelry, glasses, and other items that might interfere with the shampoo.
5. Inspect the person's hair and scalp for any signs of scalp irritation.
6. Brush the hair.
7. Seat or position the person as comfortably as possible.
8. Regulate water force and test temperature of water.
9. Wet the hair thoroughly. Be sure to avoid spraying the face of the person.
10. Massage scalp and hair gently, but firmly. Begin at the side (hairline) and massage the scalp upward with a back and forth motion. Use finger pads and avoid using fingernails. Continue this pattern of motion working in an overall upward motion until all areas of the scalp are massaged. Pay special attention to the hairline.
11. Adjust water temperature.
12. Rinse hair.
13. Shampoo hair for second time.
14. Rinse hair, checking that all shampoo is removed.
15. If appropriate, apply cream rinse or other solution requested by the person. As a substitute for a commercial cream rinse, two tablespoons of vinegar or lemon juice in two cups warm water may be used. Rinse thoroughly. Towel dry, gently.
16. Gently comb hair with a clean comb.
17. Style hair according to the wishes of older person. Long hair can be braided or rolled to avoid tangles.
18. Dry hair.

Shampoo Procedure for the Bedridden Older Person

When working in services for the older adults, the caregiver may have an older person who requires a hair shampoo in bed. The caregiver will assist or give a shampoo to the bedridden older person only when instructed to do so by the supervisor. Shampooing the hair of a bedridden older person can be accomplished without too much difficulty. The person should be positioned in bed so that most of the head clears the bed. A piece of rubber sheet should be placed under the head with the edges raised by towels to produce a funnel effect in order to direct the water flow to a basin on the floor or on a low stool. (See Figure 26.1)

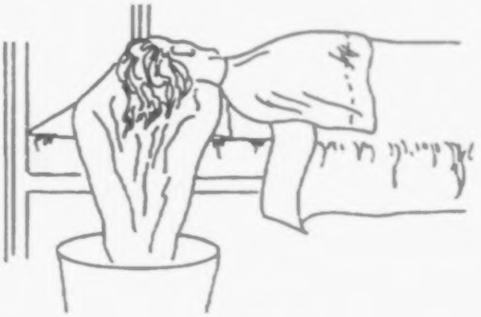


Figure 26.1

Adapt basic procedures for giving shampoos. A spray nozzle might be used to help with shampoo and rinsing. The caregiver should take care to avoid chilling or tiring the older person. Dry hair immediately. It is extremely important that hair be dried as wet hair can be a cause of illness in older adults.

The caregiver should be aware that dry shampoos are available. Depending upon the policies of the care facility or the private home situation, dry shampoos may be used occasionally. Sometimes the older person may decline from having a wet head but prefer and enjoy a dry shampoo.

Hairstyling

Depending upon the style preferred, the caregiver may use a blowdryer, hair rollers, or a curling iron. The caregiver should be very careful when curling or rolling hair to keep hair smooth and to avoid securing the hair tightly. The scalps of older persons may be extremely sensitive.

Head Lice

Head lice are easily spread from one person to another. They are commonly transmitted by close contact and the use of infested combs and brushes. In private home situations, the caregiver should encourage the person to see a doctor or public health nurse if there are any signs of head lice. In a care facility, the caregiver should report any sign of head lice to the supervisor. The caregiver can guard against head lice by avoiding close contact with the infected person.

Shaving

Most men like to shave daily because it makes them feel and look good. Either an electric or hand razor can be used, although electric shavers are usually considered to be safer. If able, the older person should be encouraged to shave himself. In some situations the caregiver may be asked to assist with shaving. The caregiver can assist with shaving only when following the instructions of the person in charge. When assisting with a shave, the caregiver should assemble the following equipment:

- towel
- washcloth
- mirror
- electric shaver or hand razor (if hand razor is used, the caregiver will need to include a very sharp razor blade, shaving cream, and a basin of warm water if the sink cannot be used).
- aftershave lotion

The following steps are for assisting with a shave:

1. Ask the person to sit or stand so the face can be seen in mirror.
2. Be sure good lighting is available.
3. Place the towel across the chest and around the shoulders.
4. Several pre-shave products are available on the market which make shaving easier as well as on the older adult.

Electric Shaver:

1. Gently shave, moving the shaver with the beard's grain.
2. Apply aftershave lotion, if desired.

Hand Razor:

1. Wet the skin.
2. Apply shaving cream gently all over the beard to soften hairs. Soaps are often too irritating and drying to the skin.
3. Keep the skin and razor wet at all times while shaving.
4. Hold the skin firmly and gently pull the razor in the direction of beard's grain. Begin at the cheeks and work toward the chin using short strokes. Special care should be taken around the neck and under the nose.
5. Rinse off the razor in warm water when shaving cream builds up.
6. Rinse off the face and pat dry with towel.
7. Apply an antiseptic such as alcohol or shave stick antiseptic to any nicks or cuts.
8. Apply aftershave lotion, if desired.

Trimming a Beard or Mustache

Some older gentlemen may enjoy maintaining a mustache or beard. A full beard is convenient for those who do not like to shave. Both a beard or mustache needs to be kept trimmed and shaped. The caregiver may be asked to assist in trimming the mustache or beard. It is important that beards and mustaches be kept trim around the mouth so as not to interfere with eating.

Washing a beard is very important to keep bacteria from growing at the hair root level. A mild shampoo should be used on the beard to keep it clean and leave the hair soft. The beard should be shampooed away from the face to prevent its rough texture from irritating the face. A dandruff shampoo should never be used when flaking occurs in the beard. The flaking is usually the result of either insufficient rinsing of the beard after shampooing or of not drying the beard correctly. A damp beard will encourage the growth of bacteria therefore, it is important to dry a beard thoroughly. Gently rubbing and patting the beard with a towel will usually dry the beard. Beards dry quickly because water naturally rolls off the hairs. A blow dryer should never be used to dry the beard because the heat is too intense for tender facial skin. The beard should be combed with a wide-toothed comb to prevent tangles prior to brushing. The beard should be combed and brushed in the direction the older person wants the beard to lie. In most cases, the beard is combed and brushed in a downward motion. Short downward strokes are used to round the whiskers along the jaw.

Procedure for Trimming a Beard or Mustache

The caregiver should trim a beard or mustache only when instructed to do so. The following procedure will be helpful to the caregiver when assisting the older adult with the care of their beard or mustache.

- Trim only a dry beard or mustache.
- Brush beard up with firm, but not vigorous strokes to avoid irritating the skin. The brush strokes should move through the beard. Avoid brushing only the surface of the beard.
- Comb beard out gently. Rough motions

with the comb can break the hair as well as irritate the face.

- Use finger to remove any tangles or knots.
- Use a magnifying glass or mirror to snip at the tips of the hairs for gentle shaping.
- Avoid rubbing aftershave lotion or cologne into a beard or mustache because the alcohol content will cause whiskers to dry out, and the beard or mustache will lose its naturally protective oils. If the older person wishes to have a beard or mustache removed, most of the hair should be removed with scissors before shaving. A razor used on the full growth could cause severe abrasion of the person's face.

◆ ***Essential Questions:*** ◆

Hair Care

1. Why should regular hair care be encouraged?
2. What are some factors that may cause hair thinning?
3. Why is it important to properly care for a beard or mustache?

BATHING

A bath with warm water and soap removes dirt and perspiration, increases circulation, and provides the older person with exercise. This helps the older person feel clean, relaxed, and refreshed. Giving a bath provides the caregiver with an opportunity to observe the older person and make special note of any irritated places, any need for special care of dry areas, pressure points, or rashes. The caregiver should encourage older persons to bathe themselves as often as possible. The older person should be protected from exposure and discomfort such as chilling and rough fabrics. The caregiver can check that the room is warm and free of drafts. The older person should be kept covered during the bathing procedure. The caregiver should also make sure the bath water is the proper temperature and arrange for as much privacy for the older person as possible.

When giving a bed bath, the caregiver should give primary consideration to the feelings and safety of the older person and consider procedures secondly. The caregiver should remember that the techniques and procedures of giving a bed bath should not override the older adult's privacy and dignity.

The older adult's interest in self often decreases with age, and personal care habits change. They may think, "Why bother, I have no place to go so no one will see me." It takes energy to bathe. The caregiver can encourage older persons to bathe by allowing them plenty of time, arranging their bath articles close at hand in order of use, respecting their habits, and being patient with their needs.

◆ ***Essential Questions:*** ◆

Bathing

1. What are the benefits of bathing?
2. What are some considerations that the caregiver needs to follow in assisting the older adult in bathing?

BATHING NEEDS

Human skin is composed of two layers: the ***epidermis***, or outer layer, and the ***dermis*** or inner layer. The skin is the first part of the body that shows age. Aging skin has less oil or body fat stored in the skin. This fat helps regulate the body temperature and protect body organs. The reduced presence of fat in the skin of older persons causes problems with body temperature regulation. As a result of decreased circulation, the skin usually takes a longer period of time to heal. Tissues and muscles that support the skin begin to break down and cause drier, less elastic, wrinkled, and thinner skin. The color of the skin usually fades and becomes less pink. ***Skin pigmentation***, or ***liver spots*** as they are called, are more noticeable in older adults. These yellow or brownish spots appear on the surface of the skin and their cause is unknown.

Due to skin changes in older adults, daily bathing is not recommended. Bathing is the process of washing and drying the body to cleanse it and keep the skin free of dirt and odors. Bathing two or three times a week is sufficient although more frequent bathing is necessary for specific parts of the body. Parts of the body that require more regular cleansing include the face, underarms, and any other areas of the body where there are creases or folds. Care should be taken when using soaps and deodorants because often these products are drying and irritating to aging sensitive skin. Lotions or creams may be used on dry areas of the body to keep them moist.

There are several physical as well as psychological benefits of bathing. Bathing helps to stimulate blood circulation, relax tired muscles, and decrease stress. It removes dirt and wastes from the skin and provides exercise for the muscles. Bathing gives a refreshed feeling of well-being.

Tub Bath and Showers

One of the tasks of the caregiver working in services for older adults may be to assist with tub bath and shower preparation. The caregiver will want to provide a cleansing, refreshing experience with safety, comfort, and minimum effort for the mobile older person when giving a tub or shower bath. Encourage bathing by providing plenty of time and having articles close at hand. An afternoon bath is as refreshing as a morning bath. To help older adults prepare for a tub bath or shower, the caregiver should collect the following supplies:

- bath towel and face towel
- washcloth
- soap
- nonskid bath mat
- lotion or cream
- nonskid chair or stool
- clean clothing and slippers or shoes

Procedure For A Tub/Shower Bath.

Some older persons will be able to bathe themselves with little or no help from the caregiver; others will need a great deal of assistance. The caregiver should encourage the older person to do as much as possible. The following procedures will be helpful to the caregiver when assisting older adults with bath and shower preparation. The caregiver must remember that the amount of assistance or guidance needed will vary. The supervisor or person in charge will direct the caregiver.

1. Tell the older person about the bath. Assemble supplies.
2. Place a chair beside the tub. Bathing supplies can be placed on the chair. A small nonskid stool should be placed in the shower so the older person can sit down if desired.
3. The bathroom should be clean, warm, and free from drafts.
4. Place a bath mat or heavy towel on the bottom of the tub or on the floor of the shower.

5. Assist with the water temperature and pressure, if necessary, before person enters tub or shower. The tub should be filled one-third full of warm water and the temperature of the water should be 105° F.
6. Help the older person to put on a bathrobe and slippers and assist person in walking to the bathroom.
7. Help the older person undress if instructed to do so. Use a bath blanket to protect the older person from chilling and to provide privacy.
8. Caution the older person against standing on one foot.
9. Help the older person sit down in the shower or tub if instructed to do so.
10. If necessary, give assistance to bathe, especially the back.
11. Encourage the use of handrails or grab bars, if available, for safety purposes. For additional safety in the shower, there should be a handrail and a wall soap dish.
12. Allow the person privacy, but remain close by in case help is needed. Call or check frequently with the older person during bathing. The bathroom door should never be locked.
13. When the person has finished bathing, help the person out of the tub or shower, if instructed to do so.
14. Let the person dry off with bath towel or assist with drying if instructed to do so. Use a bath blanket to protect the older person from chilling and to provide privacy.
15. Have conveniently available lotion or cream for dry areas and any other skin care products that might be needed.
16. Help the older person with dressing and assist in walking back to bed or room.
17. Make sure the older person is comfortable.

When working with the older adult in a private home situation, the caregiver should be aware of the various types of safety grab bars and portable type bars that can be secured to the tub for safety purposes. The bars provide support and leverage for getting in and out of the tub. The bars range in price from inexpensive to moderate and can be purchased from most pharmacies or hospital supply houses. Bathtub seats, stools, and chairs may also be purchased to make bathing safer and easier for the older person. (See Figure 26.2)

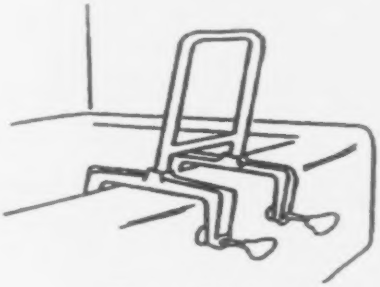


Figure 26.2

Bed Bath

The caregiver may be working in a private home or elder care facility where the older person cannot take a shower or get into a tub. A complete bed bath is usually given to the older person who cannot be moved. Depending upon the older person's care plan, the older person may need a partial bath. The amount of the body to be bathed will depend on the reasons for the bath. A partial bath is usually recommended if the person has a high fever or is perspiring profusely. The type of bed bath will vary from person to person and may be complete, partial, or none at all.

For the bed bath, the caregiver should assemble the following supplies.
- basin, two-thirds full of water (105° F)
- soap
- washcloth
- face towel
- bath towel
- bath blanket
- clean bedclothes

- rubbing alcohol or lotion
- talcum powder
- laundry hamper, plastic bag, or paper bag
- chair
- hot water bottle (if available)
- bedpan

Procedure For Bed Baths. In some situations, older persons may be able to bathe themselves in bed, but still need assistance when washing feet and back. Other individuals may not be able to assist with the bed bath. The caregiver will be instructed by the person in charge as to the type of bath the older person is to have as well as the type of assistance to be provided by the caregiver. The following procedures will be helpful to the caregiver when assisting older adults with bed bath preparation.

1. Assemble supplies and wash hands.
2. Tell the older person about the bath and what you plan to do, and explain how the person can help. The caregiver should show concern for feelings and interest in the person's personal appearance.
3. Prepare the room by closing doors and windows. The caregiver should assure the older person of privacy.
4. Offer the person use of a bedpan. The person should not be exposed any more than is absolutely necessary. Empty and remove the bedpan. If used, the caregiver must remember to wash hands.
5. Place linen and towels on chair in the order that they will be used.
6. Have laundry hamper or plastic bag/paper convenient for handling soiled linen and towels.
7. Remove and fold bedspread and blanket(s); loosen linen, and place bath blanket or large towel over an older person.
8. Place a hot water bottle, if available, at the person's feet for warmth during procedure.
9. Remove all but one pillow from under the person's head; remove gown/pajamas; place in hamper. Make sure person is comfortably warm.
10. Fill basin two-thirds full of water (105° F).
11. Assist or ask the older person to move to side of bed.

The following procedure is for washing the face:

1. Place towel under the older person's head and across chest to protect bedding.
2. Wet the washcloth and make a bath mitt as illustrated in figure 26.3.
   Fold lengthwise.
   Wrap around palm.
   Tuck in at top.
   Use as mitt.
3. Squeeze cloth to prevent dripping. Soap should not be used.
4. Wash eyes from nose to ear, carefully using one corner of mitt for one eye and other corner for second eye.
5. Use soap to wash forehead, nose, and cheeks with firm, long strokes. Use an S-motion around mouth and chin.

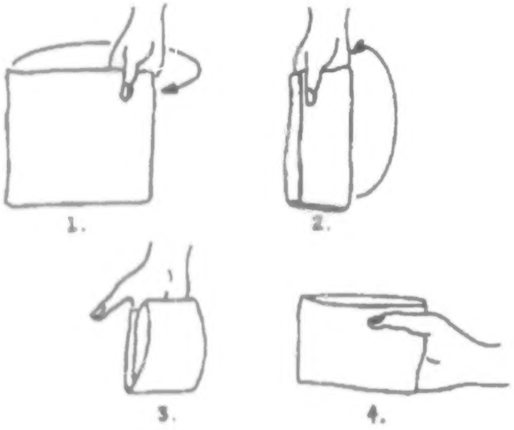


Figure 26.3

The following procedure is for washing the ears and front of neck:

1. Use the bath mitt and wash the ears and front of neck with soap and water. Be sure to wash folds in the skin.
2. Rinse and dry.

The following procedure is for washing the arm:

1. Place a towel under the person's arm and shoulder. Place a second towel over blanket to protect bed.
2. While supporting the arm, wash, rinse, and dry the arm, including the armpit area.

The following procedure is for washing the hands:

1. Place a basin of water on a towel at the older person's side. Be sure the basin is secure and will not spill.
2. Wash and rinse the person's hand in the basin of water. Remove basin.
3. Dry hand and each finger carefully.
4. Clean nails, and use lotion if needed.
5. Cover arm and hand with blanket.

The following procedure is for washing the other arm and hand:

1. Working from the same side of bed, repeat the procedure for washing arm and hand.
2. Keep water warm by adding hot water.
3. Change water when it becomes soapy or dirty.

The following procedure is for washing the chest:

1. Cover chest with towel; turn back blanket; protect bedding.
2. Soap, rinse and dry; be sure to dry carefully under breasts. If skin is reddened, use small amount of powder or oil.

The following procedure is for washing the abdomen:

1. Leave towel over chest; be sure to use towel to protect bed.
2. Soap, rinse, and dry abdomen, sides of trunk, and upper thighs.
3. Use a light film of powder in creases of the abdomen if there is any redness.
4. Place soap and washcloth near the person. Ask the person to finish by bathing the pubic area. Allow the person privacy by leaving the room or moving away from the bed. If the older person is unable to finish the bath, follow the instructions of the person in charge.
5. Pull up blanket and remove towels.

The following procedure is for washing legs and arms:

1. Place a towel under the person's leg nearest you. Support the leg. Wash, rinse, and dry the leg.
2. Place a towel under the foot. Place a basin of water on the towel. Place foot of person into basin as illustrated in Figure 26.4.
3. Wash foot, remove basin, towel, and newspaper.
4. Dry foot well, especially between toes.
5. Give nail care if needed.
6. Repeat procedure for other leg and foot.

Whether the caregiver is caring for an older person in a private home or care facility, the caregiver should follow the instructions of the person in charge when assisting with or giving a bed bath.

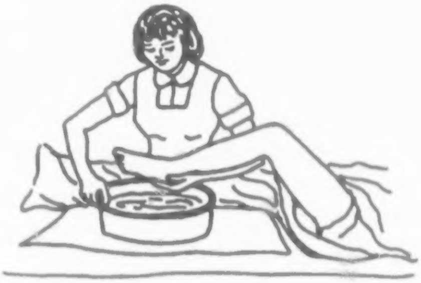


Figure 26.4

Sitz Bath

The caregiver may be asked to assist with a sitz bath for an older person. The caregiver should assist with a sitz bath only when instructed to do so by the person in charge.

A ***sitz bath*** is a bath in which the person sits in the tub in warm water. The hips and buttocks are immersed in the water. The sitz bath is a ***therapeutic*** type of bath often ordered by the person's doctor following rectal surgery or ***cystoscopic examination*** (examination of the interior of the urinary bladder). It is also used to relax ***sphincter muscles*** of the bladder and rectum. The sitz bath is often given three or four times a day.

For the sitz bath, the caregiver should assemble the following:

- bath blanket
- bath towels (3 or 4)
- rubber or sponge-rubber ring for the person to sit on
- safety pin

The caregiver can prepare a bathtub of warm water (105-110° F.) approximately one-third full. The caregiver may be asked to assist the older person to the bathroom. Sometimes it will be necessary to use a wheelchair for moving the older person.

Plastic disposable sitz bath apparatuses are available for home and institutional use. Besides being sanitary, the disposable sitz bath maintains a constant water temperature. The disposable sitz bath is the ideal solution for homes having only a shower.

Bedpan Use

The caregiver may be asked to assist the older person to the bathroom. Sometimes it will be necessary to use a wheelchair for moving the older person.

When working in services for older adults, the caregiver may be working with an older person who is not mobile enough to use bathroom facilities and requires the use of a bedpan. Depending upon the policies of the care facility or the private home, the caregiver may be asked to assist with bedpan use. When this is the case, the caregiver will want to remember to offer the bedpan at regular intervals even though the older person does not request it. The bedpan should always be given as soon as it is requested by the person. To avoid injuring the older person, the caregiver must be careful to lift the hips of the person high enough to avoid the sliding pressure of the pan. Powder can help reduce friction. The caregiver must always respect the privacy of the individual.

The caregiver will need to assemble the following supplies for bedpan use:

- basin of warm water
- soap, washcloth, towel, or soft cloth
- bedpan and cover
- bed protector (newspaper pad can be made of several thicknesses of newspapers covered with clean cloth)
- bell or call system
- newspapers (to protect chair or floor)
- toilet paper
- urinal and cover

Procedure for Use of The Bedpan.

The caregiver will assist the older adult in the use of the bedpan only when instructed by a supervisor or the person in charge.

1. Assemble all the supplies; wash hands and put latex gloves on. Hot water may be used to warm bedpan. Talcum powder may be used in hot weather to prevent sticking.
2. Place bed protector pad under the persons' hips.
3. Fold back covers at side to prevent soiling.
4. Place the bedpan beside the older person. Be sure the open end is toward the foot of the bed.
5. Request person to bend knees and rest weight on heels if possible. The caregiver should position hand under small of back

of the person and on signal help to lift hips while positioning bedpan under hips. Adjust the bedpan for comfort. If there is no need for the caregiver to stay, the caregiver can leave the room after making sure the call bell and toilet tissue are conveniently located.

6. Determine if client is unable to cleanse self. If not, wipe downward toward spine to avoid spreading soiled area to bladder and vaginal openings.
7. Remove bedpan in same manner as placed. Cover bedpan and observe body for redness and soreness.

- Allow the older adults to wash hands.
- Empty bedpan and rinse it with cold water. Wash with hot soapy water, rinse and dry. Put all supplies away and wash hands.

◆ Essential Questions: ◆
Bathing Needs

1. What are the benefits of a bath with warm water and soap?
2. For what reasons should the caregiver encourage the older adult to do as much bathing of themselves as they can?
3. What is the first part of the body to show signs of aging, and what are these signs?
4. Why is daily bathing not recommended for all older persons?
5. What are some guidelines that make bathing safer and easier for older adults?
6. What are the differences between a complete bed bath, a partial bed bath, and sitz bath?
7. What is the most comfortable temperature for bathing?
8. What are some guidelines for the caregiver to follow when working with a person who requires use of a bedpan?

Chapter Highlights

- Hygiene is the practice or condition of preserving health.
- Good personal care and hygiene helps to maintain a positive self-image as well as build self confidence.
- It is important for the caregiver to assist the older adult with grooming, but the caregiver must encourage older persons to do as much for themselves as possible.
- Oral care is given to cleanse the mouth, keep the gums in good condition, prevent tooth decay, prevent bad breath, protect the mucous membrane from drying and cracking, prevent sores and ulcerations, reduce the danger of infection, provide daily observation for problems such as ill-fitting or broken dentures or signs of decaying teeth, and preventing plaque buildup.
- Plaque is the major cause of gum disease or periodontal disease.
- Gum disease is the major cause of tooth loss in adults.
- Soft-bristled toothbrushes are best because they do not irritate the gums.
- Care of the mouth should be attended to daily.
- Dentures should be handled very carefully to avoid breaking.
- Proper nail care will prevent infection and bacteria buildup under the nails, and keep them from causing.
- Toenails should be cut straight across to avoid ingrown nails.
- Brushing the hair helps to circulate blood in the scalp, spread natural oils form the scalp, remove dirt, and eliminate the problem of dull, lifeless, or matted hair.
- Hair thinning may be caused by heredity, scalp infections, fatigue, severe illnesses, or emotional strain.
- When curling or rolling hair of an older person, the caregiver must be gentle, keep hair smooth, and avoid securing the hair tightly.
- A daily shave makes men feel and look good.
- A beard or mustache needs to be kept trimmed and shaped.

(Continued on page 283)

Chapter Highlights

(Continued from page 282)

☆ A bath with warm water and soap removes dirt and perspiration, increases circulation, relaxes tired muscles, decreases stress, and provides the older person with exercise.

☆ Assisting with the bath provides the caregiver the opportunity to observe the older person, make special note of any irritated places, any need for special care of dry areas and pressure points, or any rashes.

☆ The caregiver should encourage older persons to do as much bathing of themselves as they can.

☆ The skin is the first part of the body that shows age.

☆ Due to the changes in the skin of the older adult, daily bathing is not recommended.

☆ The bathroom or bathing area should be clean, warm, and free from drafts.

☆ Bathtub seats, stools, and chairs; grab bars; and portable type bars secured to the tub make bathing easier and safer for older adults.

☆ A complete bed bath is usually given to the older person who is not ambulatory.

☆ A partial bed bath is usually recommended if the person has a high fever or profuse perspiring.

☆ The most comfortable temperature for bathing is 105° F.

☆ A sitz bath is a bath in which the person sits in the tub in warm water.

☆ The sitz bath is a therapeutic type of bath often ordered by the person's doctor following rectal surgery or cystoscopic examination and is usually given three or four times a day.

☆ The use of a bedpan is required for the older person not mobile enough to use bathroom facilities.

☆ The bedpan should always be given as soon as it is requested by the person.

☆ The caregiver must always respect the privacy of the individual.

Chapter 27

Special Housekeeping and Maintenance Skills

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

12A Describe technological advances that facilitate care of older adults.

12B Promote self-reliance while assisting older adults with personal care and hygiene.

12C Practice special housekeeping and maintenance skills associated with older adults.

12D Evaluate personal care procedures and schedules in an elder care facility.

Chapter Vocabulary

clo
BTU
daily tasks
conservation
economize
energy efficiency
occasional tasks
thermostats
weekly tasks
ventilation
wattage

Recognizing the value of housekeeping duties and the importance of providing services for older adults will assist in pointing out the importance of the caregiver's job. The amount of housekeeping will vary depending on the type of facility in which the caregiver is employed. Caregivers employed in a care facility other than a private home will usually have fewer housekeeping responsibilities. Many care facilities provide a housekeeping service. The caregiver employed in a home-type situation will often be both the manager who plans the work and the worker who carries out the plan.

PLANNING AND MANAGING HOUSEKEEPING

A little time spent by the caregiver in planning ahead can make cleaning easier and sometimes more interesting; however, the caregiver should plan the housekeeping schedule to fit the older person's existing daily, weekly, and in some cases, monthly routines.

The amount of cleaning the caregiver might be able to accomplish in the home of an older person depends on standards of

DID YOU KNOW?

Most older people prefer to live independently in their own homes for as long as possible.

cleanliness, the size and condition of the person's home, and available resources. The caregiver might work in nice surroundings with modern equipment or in very poor dwellings of only one or two rooms with inadequate equipment. Caregivers must learn to adapt to different situations. They must be able to improvise or make do with unfamiliar and poor equipment.

Every job has its share of monotony and repetition, and housecleaning may have more than most. But like every other job, there are also satisfactions in doing the work well and seeing the task completed.

◆ Essential Questions: ◆ Planning and Managing Housekeeping

1. Why should the caregiver plan the housekeeping schedule to fit the older adult's routine?
2. Why is it important for the caregiver to be able to adapt to new situations?

ORGANIZATION

In order to save time and energy, the caregiver should organize equipment and supplies for doing work. To prevent complaints and save time later, caregivers should do tasks as they arise. Also, plans should be made on ways to reduce cleaning problems, such as using floor mats at entrance ways to prevent tracking in dirt.

The following proper storage methods save time and energy spent in searching for items, moving things out of the way of a needed item, or straining to reach an item.

- Whenever possible, adjust the heights of working surfaces to permit good posture while working.
- Keep equipment in good working condition.
- Encourage the older person to get rid of used equipment that is taking up good storage space.
- Find a rate of speed that is efficient but not hurried.
- Include adequate short rest periods in your schedule.
- Take care of personal health and safety precautions.

◆ Essential Questions: ◆ Organization

1. How might the housekeeping duties vary for the caregiver in a home-type situation over a care facility?
2. What are the benefits of organizing storage space?

USING YOUR BODY TO HELP YOU WORK

Caregivers should be as relaxed and cheerful as possible about housecleaning. They should try to become conscious of body motions. Since all cleaning involves muscular activity, muscles should be used properly to prevent strain and fatigue. Heavy objects should be lifted with a minimum of effort by using strong thigh muscles. Caregivers can relieve strain on their back muscles by squatting rather than bending when dusting or picking up articles from the floor. Practice is essential if good posture is to become a habit. Comfortable shoes and clothing help to keep good posture. It is also important to have good ***ventilation*** (air circulation) in the work place. Additional information can be found in Chapter 28 on body positioning.

◆ ***Essential Questions:*** ◆
Using Your Body to Help you Work

1. What do you think is meant by the phrase, "using your body to help you work?"
2. How can a caregiver relieve strain on their back muscles?

SCHEDULING HOUSEHOLD WORK

Housekeeping does not need to be drudgery. A job done thoroughly and well can be a source of pride. One way to accomplish this is to organize work with the older person's needs and requests in mind. Have a written plan of work for all things that must be done and divide the list into three parts – ***daily, weekly,*** and ***occasional tasks***. Develop good judgment concerning tasks that need to be done. One thing can be done each day to lighten weekly cleaning tasks and one occasional task can be finished each week. Make an effort to do each daily task in the easiest and quickest way possible such as carrying cleaning supplies and equipment in a convenient caddy that can be made from a plastic carrier, basket, or empty soft drink carton.

For the caregiver in a home-type situation, a sample written plan of work or schedule might look like the following:

Daily Tasks:

- Prepare meals and clean up.
- Make the beds.
- Straighten house in general.
- Put rooms in order.
- Do a light cleaning of bedrooms and kitchen area.
- Clean the bathroom.

Weekly Tasks:

- Clean each room thoroughly.
- Wash clothes.
- Mend.

Occasional Tasks:

- Clean walls.
- Clean windows.
- Care for floors.
- Polish wood surfaces.
- Dry clean or launder curtains and bedspreads.
- Clean cabinets, closets, drawers, and shelves.

◆ ***Essential Questions:*** ◆
Scheduling Household Work

1. Why is organization a key factor in planning and accomplishing tasks?
2. Why it is important to follow a written plan of work in scheduling household tasks?
3. What are some examples of daily tasks? Weekly tasks? Occasional tasks?

CONSERVING UTILITIES

The best way to save money on utility costs is to ***economize.*** The less gas, oil, or electricity used to heat a home or care facility, the smaller the amount of payment to the utility company at the end of the month. The same applies for other uses of energy, such as water and the telephone.

Electricity and Gas

The following are ways to conserve electricity and gas:

- Turn **thermostats** (units that control inside temperatures of a home or building) down on both heating and air conditioning units to a comfortable level. Turn down several degrees at night.
- Start an air conditioner early in the morning so it can be turned down later. Keep doors and windows shut. Turn off the unit when no one is home.
- Draw the shades and blinds to keep out the hot sun; blocking the sun on south and west windows on hot days can cut heat penetration through windows by as much as 50 percent.
- Draw shades and drapes to retain heat in winter. If possible, use natural sunlight instead of using lights and heaters.
- Use weather-strip and caulk around all windows and doors.
- Do not heat or cool unused rooms.
- Have storm doors and windows added to reduce heat and cool air loss.
- Set the control switch in refrigerators and freezers to the "economy" setting if possible. This deactivates the small heaters that prevent "sweating" around the door in humid weather, saving 15 percent of the electricity the appliance uses.
- Open the refrigerator and freezer doors as little as possible.
- Restrict cooking to a minimum in hot weather. Keep kitchen doors closed while cooking is in progress to prevent heat from escaping into the rest of the house. Do not open oven door unnecessarily – 20 percent of the heat is lost each time. Cook two or more dishes at once. Avoid long preheating time – most ovens will heat up in ten minutes. Microwave ovens use about five times less electricity than regular ovens.
- Use small appliances, such as a toaster oven, electric frying pan, and slow cooker, when preparing a special item or a meal for one.
- Reduce power usage between the peak hours of 11 a.m. and 5 p.m. Arrange to complete household tasks during off hours, if possible.
- Use full loads in the dishwasher, clothes washer, and dryer.
- Turn off all unnecessary lights – especially high **wattage** (amount of electrical power) ones.
- Reduce the size of light bulbs in places where bright light is not needed.
- Replace the regular bulb fixtures that are used a great deal with fluorescent lights. They are six times as efficient as regular bulbs.
- Turn off radio and television sets when they are not being used. If a television has a fast warm-up feature, unplug the set whenever the house is vacated for a few days or more.
- Turn off a hot water heater before leaving for a vacation.
- Dry clothes on a line in warm weather.

Water

The following are ways to conserve water:

- Take showers instead of baths – the usual bath requires thirty-six gallons of water while a comparable shower requires twenty-five gallons.
- Turn water off while shaving and brushing teeth. Turn it on only when needed.
- Use sink stoppers or a dishpan when washing dishes; a running water wash uses about thirty gallons per meal.
- Use the basin instead of the shower for shampooing.
- Keep a bottle of cold water in the refrigerator for drinking purposes. Running water from a faucet for a glass of water can be wasteful.
- Use dishwasher only when full.
- Use clothes dryer only when full.
- Keep water heater at an even setting;, running water until it is hot is wasteful.
- Have leaky faucets repaired; these are a major cause of water waste.

Telephone

The following are ways to control telephone utility costs:

- Dial your own calls. Anything involving an operator costs extra.
- Be aware of the cheapest rate times within your own state.
- If suitable to your phoning habits, use special billing plans (for example, for a small extra charge have unlimited calls within a twenty mile radius).
- Order only as many extensions and extras as essential for your needs.
- Call the operator to receive credit for wrong numbers and cutoffs.
- Check monthly bills against a record you have kept of all long-distance calls.
- Report incorrect charging to the telephone office.

◆ Essential Questions: ◆
Conserving Utilities

1. What is meant by the terms conservation or energy efficiency?
2. Why it is important for the caregiver to know how to save energy?
3. What are some ways that caregivers can conserve utilities?

COST OF OPERATING APPLIANCES

More than half of the energy used in homes goes into heating and cooling. Heating water comprises 15 percent of the energy consumption. Lighting, cooking, refrigeration, and operating appliances account for the rest.

The cost of operating any piece of electrical equipment depends on three factors: the wattage of the equipment, the number of hours it operates, and the cost of electricity.

Maintenance Of Energy Using Equipment

Energy can be saved by taking good care of equipment and appliances. The caregiver may be able to solve many maintenance problems while others will need the expertise of a repair person. The money spent to repair equipment will be well worth the expense in the long run. Poorly maintained energy equipment causes problems and costs money. The following energy-saving ideas will help to keep maintenance costs at a minimum:

- Defrost the refrigerator and freezer when the frost gets 1/4 inch thick. The buildup of ice overworks these appliances.
- Ask the utility company to adjust the pilot lights on the stove or furnace and to repair gas leaks.
- Fix leaky faucets. This is usually done by replacing worn washers.
- Have the filters in the furnace, heat pump, and air conditioner checked and cleaned once a month.
- Clean the dryer lint trap regularly.
- Dust or vacuum heat vents frequently. Dirt in heat vents can block efficient heat flow.
- Dust refrigerator and freezer condenser coils regularly. Dust buildup makes these utilities run less efficiently.
- Keep light bulbs and fixtures clean. Dusty lamps do not give as much light as they should.
- Keep the stove or range top clean. Dirty stove or range tops and burner wells or reflective pans do not reflect cooking heat as well as clean ones.

◆ Essential Questions: ◆
Cost of Operating Appliances

1. What is the largest percentage of energy in homes used for?
2. How can proper maintenance of equipment save energy?

DRESS FOR THE THERMOSTAT

Due to the lowering or raising of thermostats for maximum energy efficiency, the temperature may not always be comfortable to each individual. Some older persons may have poor circulation and always feel chilled or cool; therefore, it may be necessary for individuals to control their own comfort by the clothing they wear. Clothing prevents cold or hot air from moving over the body and provides thermal insulation.

Dressing wisely can help an individual retain heat in winter or reduce it in summer. The human body gives off heat, about 390 (British Thermal Unit) BTU's per hour for a man, 350 BTU's for a woman. One ***BTU*** refers to the amount of heat required to raise the temperature of one pound of water one degree Fahrenheit. For comfort in cooler indoor temperatures, use the best thermal insulation of all, warm clothing, to hold in body heat. For comfort in warmer indoor temperatures, choose clothing that will allow natural body heat to escape. The following tips will help individuals dress according to different thermostat settings.

Tips For Dressing For Comfort In Cooler Indoor Temperatures

The following tips can help an older person stay comfortable in a cool indoor environment:

- Closely woven fabrics will add at least a half degree in warmth.
- Heavy underclothing, heavier outer clothing, and sweaters in "layers" will provide warmth in cooler temperatures.
- A vest or sleeveless sweater will keep the back warm. Keeping the backs of older persons warm helps maintain a feeling of body warmth all over.
- Drawstring hems on tops, jackets, and coats can be pulled in tight in cooler temperatures to retain body warmth.
- Cuffs that hug the wrists make a person feel warmer.
- Buttons, snaps, and toggles closely spaced trap warmth in, and keep cool air out.
- High collars that hug the neck add warmth.
- Heavy shoes and socks or boots keep the feet warm.
- Quilting details that are not stitched through all layers trap air best.
- Slacks are at least a degree warmer than skirts.
- Long-sleeved shirts or blouses add warmth.
- A light long-sleeved sweater equals almost 2 degrees in added warmth; a heavy long-sleeved sweater adds about 3.7 degrees in warmth; and two lightweight sweaters add about 5 degrees in warmth because the air between them serves as insulation to keep in more body heat.

Tips For Dressing For Comfort In Warmer Indoor Temperatures

The following tips can help an older person stay comfortable in a warm indoor environment:

- Natural fibers that absorb moisture and allow perspiration to evaporate from the skin are more comfortable in warm temperatures.
- Lightweight, open-weave fabrics will be more comfortable in warmer temperatures.
- Light colors that reflect the sun's rays give a cooling effect.
- Openings at neck, wrists, waist, and ankles should be large so that air can circulate and carry heat away as the body moves.
- Open, strap, or lightweight shoes are cooler than heavy shoes or boots.
- Whenever possible, omit T-shirts, wear short-sleeved shirts, and omit a tie to provide comfort in warm temperatures.
- Skirts are cooler than slacks. Wearing short-sleeved or sleeveless blouses and omitting belts and jewelry will provide comfort in warm temperatures.

The thermal insulation value of clothing, referred to as ***clo***, affects how comfortable people are in what they wear. How much insulation a garment provides depends on how well it traps air and holds warm body air near the skin. This is why quilted fabrics, with several layers of fabric and filling, are warmer than one layer of plain fabric. An advantage of layering clothing is that layers can easily be removed during periods of activity and then placed back on the body during sedentary moments.

Utility Bill

The caregiver may be asked to help with the older person's utility bills by examining them each month to see that they are accurate and by reminding the older person when they are due. It is important that bills are paid on time because the amount increases and interest can be charged for overdue bills. Bills should be kept and compared with the previous month or for the corresponding months of the previous year to see if energy use has decreased or increased. If a bill appears inaccurate in any way, contact the utility company immediately to clear up any questions or problems.

◆ Essential Questions: ◆ Dress for the Thermostat

1. What are some tips in which to dress in cooler outdoor temperatures?
2. What are some tips in which to dress in warmer indoor temperatures?

Chapter Highlights

- The amount of housekeeping will vary for caregivers depending on the type of facility in which they are employed.
- There is satisfaction in doing housecleaning well and seeing the tasks completed.
- Be as relaxed as possible about housecleaning. Learn to use muscles properly to prevent strain and fatigue.
- In order to save time and energy, the caregiver should organize equipment and supplies for doing work.
- Housework should be organized with the older person's needs and requests in mind.
- Have a written plan of work for all things to be done and divide the list into daily, weekly, and occasional tasks.
- The wise use of energy resources is called conservation or energy efficiency.
- The best way to save money on utility costs is to economize.
- More than half of the energy used in homes goes into heating and cooling.
- The cost of operating any piece of electrical equipment depends upon the wattage of the equipment, the number of hours it operates, and the cost of electricity.
- A good deal of energy can be saved by taking good care of equipment and appliances.
- Dressing wisely can help an individual retain natural heat in winter or reduce natural heat during the summer.
- The thermal insulation value of clothing affects how comfortable people are in what they wear.

Chapter 28

Effective Management Practices of Caregivers

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 12A Describe technological advances that facilitate care of older adults.
- 12B Promote self-reliance while assisting older adults with personal care and hygiene.
- 12C Practice special housekeeping and maintenance skills associated with older adults.
- 12D Evaluate personal care procedures and schedules in an elder care facility.

Chapter Vocabulary

bed cradle
bedsores
body alignment
body mechanics
conservation
decubitus ulcers
energy efficiency
mitered corner
pressure sores
repositioning

In order to effectively care for older adults, the caregiver must understand the basic principles of body mechanics and the principles of body positioning. If the caregiver is working with a bedridden person, effective body positioning is most important. Caregivers should practice effective body mechanics when repositioning an older person for their own safety and well-being.

BODY MECHANICS

Body mechanics refers to the way a person moves his or her body and maintains body balance. The caregiver skilled in good body mechanics can help older adults by showing them ways to walk, sit, and turn in bed. The use of good body mechanics can reduce fatigue and improve body functions. Use of proper body mechanics also provides for safe and effective work methods in performing tasks.

Principles of Body Mechanics

Poor posture is caused by indifference, poor work habits, and carelessness. When needing to lift or do a task near the floor, one should kneel instead of bend from the waist and use leg and arm muscles. Also, one

DID YOU KNOW?

Long-term care is definitely a women's issue, since women are the majority of care recipients and caregivers. The numbers tell the story:

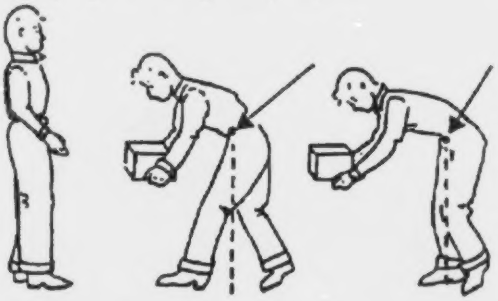
- About 75 percent of nursing home residents are women.
- Two-thirds of home care consumers are women.
- More than seven in ten unpaid caregivers are women.

should work in the general direction of the movement, avoid twisting, pivot on feet, and turn with short steps, using the whole body. If possible it is best to avoid lifting. When moving heavy objects, it is better to push, roll, or slide them. This allows leverage and motion to be used to best advantage. The natural spring of the spinal column needs to be protected.

Basic Rules of Body Mechanics

The following are basic rules of body mechanics:

- The body's base of support can affect body balance. A broad base with feet slightly apart, or apart with one slightly ahead, provides the best balance.
- Proper ***body alignment*** (or lining up of body segments) is important.
- Proper walking habits reduce fatigue and stress.
- Stooping with proper body alignment prevents fatigue.
- Proper body alignment in sitting reduces muscle strain and encourages good circulation in blood vessels of thighs.
- The body works as a coordinated unit. Use as little energy as possible when moving, carrying, or lifting heavy objects.



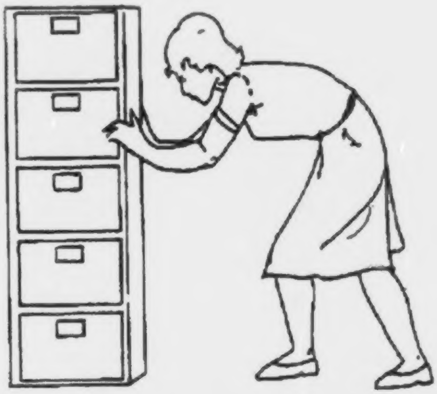
Methods of Body Mechanics

The following are correct lifting techniques:

- Squat close to the load.
- Keep your back as straight as possible.
- Grip the object firmly.
- Hold the load as close to your body as possible.
- Lift by pushing up with strong leg muscles.

The following are correct techniques for moving heavy objects:

- Bend your knees.
- Place your hands at the center or heaviest part of the object to be moved.
- Give a strong push with leverage of legs added to arm muscles.
- Use the large, strong muscles of the leg to move heavy objects.



Goals Achieved By Good Body Mechanics

Follow these body mechanic guidelines to save time:

- Omit unnecessary tasks and motions.
- Know the task from beginning to end.
- Plan steps in order (avoid undoing and redoing).
- Use rhythmic motions when possible.

Follow these body mechanic guidelines to reduce the chance of fatigue and physical damage:

- Allow good working positions for all tasks.
- Plan for effort of gravity and leverage.
- Use easy motions.
- Avoid stress on lower back.
- Avoid taking on too many tasks at one time.

Follow these body mechanic guidelines to increase job satisfaction and enjoyment:

- Overcome dislike for tasks that must be done.
- Plan the length of the work period.
- Consider your preferred level of activity.

◆ Essential Questions: ◆ Body Mechanics

1. Why is it important for the caregiver to use good body mechanics?
2. What causes poor posture?
3. What are the five steps for correctly lifting an object?
4. What techniques should one follow in moving heavy objects?
5. What goals may be achieved by good body mechanics?

BODY POSITIONING

Effective positioning of a bedridden individual is important. Frequent ***repositioning*** or changing positions helps in preventing the formation of bedsores, provides exercise, prevents muscle deformities from lying in one position too long, and increases circulation. The comfort of the individual is often directly related to body position.

Principles of Body Positioning

The caregiver should practice recommended body mechanics when repositioning the older person. If correct body mechanics are used, the older person can be repositioned with less effort, less strain, and less risk of injury to the caregiver.

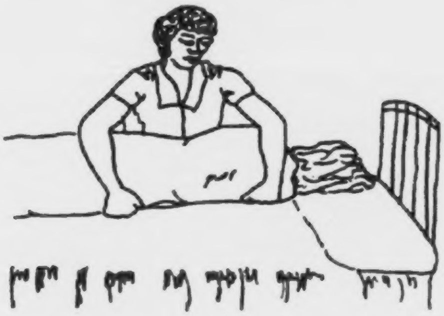
Older adults should be encouraged to help themselves as much as is physically possible. This effort in self-help will provide the exercise needed to assist in keeping the muscles in better condition and enhance self-confidence. If individuals need help, the caregiver should give it, keeping physical limitations in mind. If caregivers are not physically capable, they should get assistance. When repositioning an older person, as many of the large muscles as possible should be used to distribute the effort. Caregivers can safely reposition an individual if they can keep their back straight and bend with their hips and knees.

The muscles of the legs should be used as the main force and not the muscles of the back. Back bending is backbreaking. Also, the correct use of body weight can reduce the amount of effort and strain required to move a bedridden person. Leg muscles should be substituted for back muscles.

Procedures for Body Positioning

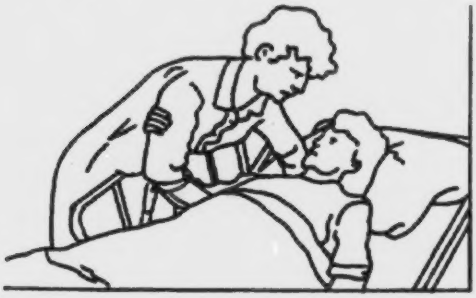
Utilize the following steps to move an older person to the side of a bed:

1. Loosen the covers.
2. Ask the older person to bend knees.
3. Face the side of the bed, one foot forward, knees bent.
4. Place one hand under the older person's shoulder, the other under hips (palm up), and bend at your hips and knees.
5. Pull the person toward you until the person is on the side of the bed.
6. Adjust the person's head, hips, knees, and ankles for comfort and safety.



Utilize the following steps for helping an older person to sit up and lie down:

1. Face the head of the bed.
2. Bend your knees.
3. Ask the bedridden person to clasp your arm at the elbow while you slide the person's other arm under his or her back at shoulder level.
4. Help the person to a sitting position.
5. Repeat step 3 when lying the individual back down.
6. Provide for the safety and comfort of the person.



The caregiver should remember the following points when changing the older person's body position:

- Safeguard the older person.
- Keep the older person's body in good alignment to prevent harmful strains.
- Maintain proper posture in order to proceed effectively without strain on oneself.
- Ask for assistance in aiding heavy or helpless persons.
- Resolve fears of the older person.

◆ Essential Questions: ◆ Body Positioning

1. What are the benefits of frequent repositioning of a bedridden person?
2. How might using correct body mechanics in repositioning a bedridden person help the caregiver?
3. What muscles are used as the main force when repositioning a person?
4. What steps should the caregiver follow in moving an older person to the side of a bed?
5. What steps should be used for helping an older adult sit up and lie down?

MAKING THE UNOCCUPIED BED

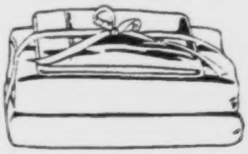
A skillfully made bed provides safety, comfort, warmth, a smooth clean surface, and freedom of movement. Caregivers need to know the basic principles of bed making for both unoccupied and occupied beds.

When a bed is made without a person in it, the bed is referred to as an unoccupied bed.

Supplies Needed For Making The Unoccupied Bed

The following supplies are needed for making the unoccupied bed:

- blankets (as needed)
- chair (for keeping linens on)
- mattress pad (if needed)
- newspapers or plastic bag
- pillowcases (two)
- sheets (two)
- spreads
- absorbent pads and draw sheet (optional)



Procedures For Making The Unoccupied Bed

The following is a step-by-step procedure for making the unoccupied bed:

1. Wash hands; locate and organize supplies (use newspaper or plastic bag in which to place soiled linens.)
2. Remove spread, blankets, and pillow, and dispose of soiled linens. Avoid shaking soiled linens, and keep linens away from face and clothing in order to prevent the spread of infection.
3. To conserve energy, make bed entirely from one side before moving to the other side.
4. If fitted bottom sheet is not available, position and unfold bottom sheet right side up, wide hem at top of bed.
5. Tuck twelve to eighteen inches of bottom sheet tightly over top of mattress. Make ***mitered corners.*** Mitered corners cause the sheet to form a 45 degree angle in the corners. Refer to Figure 28.1 for how to miter corners.
6. If additional protection is needed, place absorbent pad across the mattress on top of the bottom sheet. For a draw sheet, fold a regular sheet in half lengthwise. Place the folded edge of the draw sheet high enough to rest underneath the pillow, covering the absorbent pad. Tuck the hanging parts of the draw sheet under the mattress.
7. Working from head to foot of the bed, tuck the top sheet in one side.
8. Position top sheet wrong side up with the hem even with top of mattress.
9. Keeping the blanket centered, spread it over the top sheet and foot of mattress.
10. Tuck top sheet and blanket under mattress at foot of bed. To provide a toe tuck, make a three-inch fold toward foot of bed; tuck in mitered corner.
11. Move to other side of bed; fanfold linens to the center so you can work with the bottom sheet.

a. Tuck the bottom sheet under the head of mattress (miter corner); working from top to bottom, tighten sheets to provide comfort and safety.

b. Tuck in top sheet and blanket at foot of bed; before tucking in the mitered corner make a three-inch fold toward foot of bed.

c. Complete mitered corner.

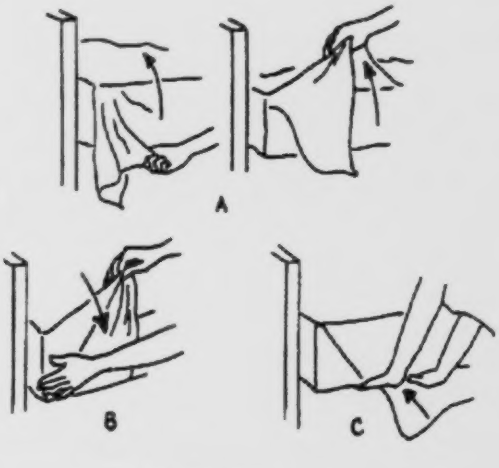


Figure 28.1

◆ **Essential Questions:** ◆

Making the Unoccupied Bed

1. What is meant by an occupied bed and an unoccupied bed?
2. What are the benefits of a skillfully made bed?
3. What sanitation procedures should be followed when making an unoccupied bed?

MAKING THE OCCUPIED BED

When a person is in a bed the bed is referred to as an occupied bed.

Supplies Needed For Making The Occupied Bed

The following supplies are needed for making the occupied bed:

- chair (for keeping linens on)
- laundry hamper or bag
- pillowcases (two)
- sheets (two)
- absorbent pads and draw sheet (optional)

Procedures For Making the Occupied Bed

The following is the procedure for making the occupied bed:

1. Wash hands; locate and arrange supplies in order of use.
2. Tell individual that you plan to change bed linens.
3. Keep the room warm and provide privacy for individual.
4. Loosen bed linens. Avoid shaking linens and keep them away from face and clothing in order to prevent the spread of infection.
5. Remove top covers one at a time, except for top sheet; place clean sheet over top sheet; have individual hold top sheet if able; if unable, tuck sheet beneath shoulders; slide soiled top sheet out from top to bottom; place in hamper.
6. Ask individual to turn on side with back toward you. Assist if needed. Move one pillow under person' s head and remove other.
7. Move to other side of bed and roll soiled bottom sheet at sides being careful not to spread germs onto clothing or face. (See Figure 28.2.)

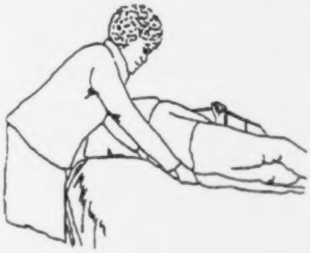


Figure 28.2

8. Fanfold clean bottom sheet, close to the person occupying the bed, under soiled sheet. Tuck clean sheet under head of mattress to anchor it.
9. Tuck in sheet at sides working from top to bottom.
10. Ask individual to roll toward you. Assist if needed. Move pillow with the person. Move to other side of bed.
11. Remove soiled linen by rolling and placing in hamper.
12. Tuck clean sheet under head of mattress (miter corner). Moving from top to bottom, tuck in mattress pulling diagonally to smooth and tighten.
13. Complete bed making as for an unoccupied bed. Provide for toe tuck (one method is to make mitered corner; before final tuck, position linen with an inch fold toward foot of bed; complete mitered corner). (See Figure 28.3.)
14. Place pillows in clean cases under person's head.
15. Place soiled linens in laundry bag or hamper depending on the policy of the care facility or private home.

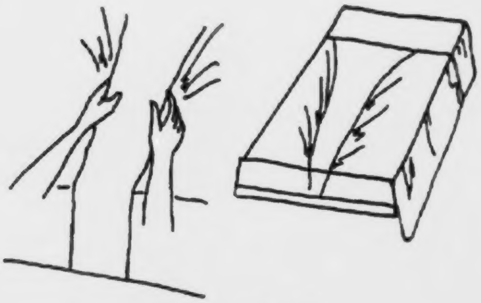


Figure 28.3

When the caregiver has finished making the bed, they should check the location of the signal cord so that it is in reach of the older person. It is important to keep the signal cord in the same place so the older person can always find it. If the person has the use of only one hand, the signal cord should be placed within reach of that hand.

◆ Essential Questions: ◆
Making the Occupied Bed

1. What sanitation procedures should be followed when making an occupied bed?
2. Why should the caregiver always check the location of the signal cord after making the bed?
3. Where should the signal cord be placed for the person with the use of only one hand?

BEDSORES OR PRESSURE SORES (DECUBITUS ULCERS)

Decubitus ulcers, commonly referred to as ***bedsores*** or ***pressure sores,*** are sores that develop at places where pressure is exerted on bony bulges or other areas of the body. These often occur in older adults when confined to bed because they are less active and have poor circulation. Pressure sores frequently occur with the constant weight of the body against the bed. This constant weight decreases circulation of the blood, and tissues become malnourished. Sores develop much more rapidly when tissues are malnourished. It is important for the caregiver to watch carefully for signs of bedsores developing in the older person. The sites most likely to be involved in bedsores are the heels, ankles, back of the head, hip joints, sacrum (back pelvic area), and the shoulders. Very heavy or very thin persons are usually more susceptible to pressure sores. The area where a bedsore is developing first appears reddened. The area then becomes hot, tender, and very painful prior to the development of blisters. The skin breaks, and if left untreated, more cells die in the deeper tissues.

It is important to prevent bedsores because they are extremely painful and recuperation can be costly. The average cost of treating pressure sores runs into the thousands of dollars. There are several ways the caregiver can help to prevent bedsores in the older person:

- For an individual confined to bed, reposition every hour or at least once every two hours. Instructed range-of-motion exercises should be done on a daily basis.
- Prevent sheet burns by turning the individual slowly.
- Provide a well-balanced diet each day to prevent malnourished tissues.
- Be sure that the individual maintains good grooming habits daily. Keep the individual clean and dry.
- Keep the bed clean, dry, and wrinkle-free as moisture and pressure against the body will increase the possibility of bedsores.
- Always follow the doctor's or supervisor's prescribed treatment for decubitus ulcers.
- Be careful when assisting with the use of bedpans. Padding the bedpans can reduce pressure; sprinkling the rim with powder will minimize friction.
- Report any signs (warm areas of skin, redness, tenderness, discomfort, or a burning feeling on the skin) of bedsore

development immediately to the person in charge. Gently rub the area with skin lotion every two hours. (Be careful as too much rubbing could cause skin breakage.)

- Use powder or cornstarch where skin surfaces form creases. Use cornstarch on the sheets to reduce friction as the older person moves. (Be sure to clean sheets often.)
- Remove any hard objects from the bed immediately including crumbs, hair pins, and other small objects.
- Change bed immediately when it becomes wet.
- Be sure plastic never touches the patient's skin.
- Use special equipment such as air cushions, sponge rubber cushions, sheepskins, pillows, pads, air mattresses, alternating pressure mattresses, and flotation pads to reduce skin pressure.

◆ Essential Questions: ◆
Bedsores or Pressure Sores

1. What is the cause of bedsores and why do they frequently occur in older adults?
2. Why is it important for the caregiver to watch carefully for bedsores developing in the older person?
3. In what areas of the body are bedsores most likely to develop?

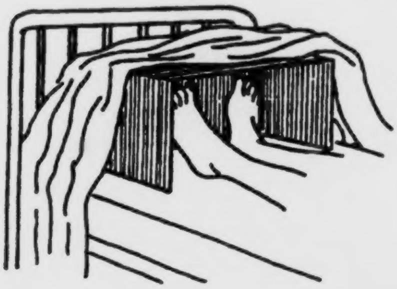


Figure 28.4

BED CRADLE

A ***bed cradle*** is a wood or metal frame that is used to keep bedclothes off part or all of a person' s body. There are two types of cradles – a narrow cradle and a wide or long cradle. A narrow cradle is used over a body part, such as a leg or arm or both legs or arms. A wider or longer cradle is used to cover the whole body.

If a metal or wood frame is unavailable, a cardboard box with the top and two ends removed can be substituted. (See Figure 28.4.)

The main purpose of a bed cradle is to avoid pain from the weight of the bed covers and occasionally, as a form of treatment for fractures, burns, or wounds.

If the individual should become chilled, a cotton blanket can be loosely arranged over the part inside the cradle. This will help to keep warm air inside and protect the individual from colder air.

The wise use of energy resources is called ***conservation*** or ***energy efficiency***. As a caregiver, it is very important to know how to use energy wisely. Older people, who often have the greatest need for saving money, may lack the resources or knowledge needed to make these changes. Several energy-saving ideas are covered in this chapter that the caregiver can use and suggest to older persons residing in both private homes of all sizes as well as care facilities.

◆ Essential Questions: ◆
Bed Cradle

1. What is a bed cradle?
2. What is the main purpose of a bed cradle?

Chapter Highlights

- The use of good body mechanics can reduce fatigue and improve body functions.
- Use of proper body mechanics provides for safe and effective work methods in doing tasks.
- Poor posture is caused by indifference, poor work habits, and carelessness.
- When lifting or doing a task near the floor, kneel instead of bending from the waist and use leg and arm muscles. Pivot with feet, turn with short steps, and turn the whole body.
- It is better to push, roll, or slide heavy objects.
- When lifting objects, one should protect the natural spring of the spinal column.
- Proper body alignment prevents fatigue, reduces muscle strain, and encourages good circulation in blood vessels of thighs.
- Frequent body repositioning helps in preventing bedsores, provides exercise, prevents muscle deformities from lying in one position, and increases circulation of the bedridden person.
- The caregiver can safely reposition persons by keeping the back straight and bending with the hips and knees.
- The caregiver should remember that back bending is backbreaking.
- The correct use of body weight can reduce the amount of effort and strain required to move a bedridden person.
- A skillfully-made bed provides safety, comfort, warmth, a smooth clean surface, and freedom of movement.
- The caregiver should follow the basic principles of bed making for both unoccupied and occupied beds.
- Soiled linens should be placed in a laundry bag or hamper depending on the policy of the care facility or private home where employed.
- The caregiver should always check the location of the signal cord after making the bed.

(Continued on page 302)

Chapter Highlights

(Continued from page 301)

- The signal cord should be in reach of the older person as well as in the same familiar location for them to find easily.
- When the person has the use of only one hand the signal cord should be placed within reach of that hand.
- Bedsores often occur in older adults when confined to the bed because older persons are less active and have poor circulation.
- It is important for the caregiver to watch carefully for signs of a bedsore developing in the older person, especially on the heels, ankles, back of the head, hip joints, sacrum (back pelvic area), and the shoulders.
- The caregiver should immediately report any reddened, irritated, or sensitive area of the skin to the doctor, nurse, supervisor, or person in charge.
- The caregiver should always follow the doctor's or supervisor's prescribed treatment for decubitus ulcers.
- A bed cradle is a wood or metal frame that is used to keep bedclothes off part or all of a person's body.

Chapter 29

Ways to Cope with Terminal Illness

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C Identify laws, trends, and issues affecting older adults.
9F Determine resources for caregivers and older adults.
15B Describe the rights and responsibilities of older adults as clients.
15C Exhibit ethical practices in providing services for older adults.

Chapter Vocabulary

empathy
home health aides
hospice care
reconciliation
stages of grief
support groups
terminally ill

The caregiver may be working with an older person who becomes quite ill. Often, the individual will become well and stronger, but sometimes, little progress will be made. The person may be diagnosed as terminally ill. The phrase ***terminally ill*** refers to an illness that results in death. The caregiver must be aware of the feelings the terminally ill individual is experiencing and the feelings of the family members during this time.

CARING FOR THE TERMINALLY ILL

Many illnesses cause death. A long-term illness can occur during any stage of the life cycle. Very young family members are as vulnerable as older family members. The following guidelines will aid the caregiver in caring for terminally ill individuals.

- Help terminally ill individuals maintain their self-esteem by encouraging self-help.
- Respect the terminally ill person as an individual who has the same desires and needs as others.
- Support the ill family member with love and kindness.
- Help the individual learn to live with a prolonged convalescence.
- Encourage the individual to use remaining abilities when disabled in some area.
- Avoid showing impatience when the convalescing or ill individual is slow in doing something.
- Avoid being callous (insensitive, indifferent, or unsympathetic) to the suffering of the ill individual.

DID YOU KNOW?

When most people think about their reactions to their loss, they may think of only the emotional reactions. Reactions are also physical and behavioral. Our reactions may change over time and through personal growth. When considering our reactions to loss, it is important to remember that grief has no timeline and there is no smooth passage from one phase into another.

- Avoid being overprotective of the ill individual.
- Be flexible and creative in managing the care schedule of the ill family member.
- Be firm with the ill individual when it is necessary.

The caregiver can increase empathy and consideration by using communication skills. ***Empathy*** refers to sharing another's emotions, thoughts, or feelings. The caregiver will be involved as both a giver and receiver. The caregiver must be aware of the individual's feelings, needs, and desire for control over life choices. Never be too busy to smile, talk, hold a hand, or even cry with a person. The environment is important. Privacy, quiet surroundings, and personal consideration are important. At times, the person may need to be alone.

◆ Essential Questions: ◆ Caring for the Terminally Ill

1. How does a terminal illness affect friends and family members?

2. What are some guidelines that the caregiver should follow when caring for a terminally ill person?

3. Why it is important for the caregiver to be aware of the terminally ill person's feelings and needs?

ASSISTANCE FOR THE TERMINALLY ILL

Most older persons who have been diagnosed with a terminal illness suddenly find themselves in a situation that they have never had to face before. No matter how ill the person was prior to the diagnosis, hearing that their own illness has been labeled "terminal" will come as a shock–both unexpected and unwelcomed. Many terminally ill persons will require a great deal of support from family, friends, and professionals to ease their physical, emotional, spiritual, and psychological suffering. This is probably the most difficult experience in the life of the majority of people.

With this in mind, what can the caregiver do to help ease and comfort the suffering older adult during such a distressful time? Many times, the most needed and important source of support will be provided through the listening ears of family, friends, and relatives; however, there will be times that require professional intervention.

Caregivers should be aware of professional community resources that are available to help the terminally ill and encourage those in their care to take advantage of the various services identified. The following are specific professional services that might be helpful to a terminally ill person:

- *pharmacists*–help with questions about medications and combinations of medications

- *nurses*–help with physical care related to special needs brought on by the illness
- *dieticians*–help with nutritional advice throughout the illness
- *housekeepers*–help with daily household tasks and responsibilities
- *psychologists*–help in coping with individual emotional and psychological effects of terminal illness
- *physicians*–help with medical aspects related to the terminal illness
- *hospice* –helps support in various ways the terminally ill and his or her family
- *social workers*–help provide information about various resources available
- *physical therapists*– help persons care for their personal daily needs by teaching them ways they can work within the boundaries of their individual limitations
- *psychiatrists*–help treat persons and prescribe necessary medication for psychological or emotional conditions related to the terminal illness
- ***support groups***–help terminally ill persons and their families develop relationships with persons in similar situations for sharing concerns and learning about coping strategies
- ***home health aides***–help in providing different levels of individual and personal health care in the home of the person who is ill.

Unlike most professional services that offer assistance to the terminally ill, the hospice program is the only service whose singlemost purpose is to care for persons and the families of persons who are terminally ill. ***Hospice care*** is provided through different organizations such as home health care agencies, local independent organizations, or all-volunteer groups and are sometimes based in hospitals or long-term care facilities.

The hospice program is designed to bring terminally ill persons and their families together with trained volunteers and professionals for the purpose of easing the difficulties brought on by the terminal illness. Hospice care provides support for the terminally ill through a team of physicians, nurses, social workers, clergy, and trained volunteers. Team members are committed to being on call everyday around the clock. The hospice staff of professionals encourage and teach family members about the caregiving aspects of terminal illness such as giving medications, massages, and baths, as well as care aspects related to the specific illness. As a result, family members become part of the helping team of professionals in service to the person who is terminally ill.

Hospice organizations emphasize home care, family involvement, and pain management. People are generally referred to hospice by personal physicians, discharge personnel at hospitals, friends, social workers, or clergy when additional treatment for the terminal illness is no longer desired or warranted. Hospice care differs from conventional care in that methods once used to "cure" the illness are no longer employed or encouraged.

Hospice care is not as costly as conventional care and is covered by Medicare, Medicaid, Blue Cross plans, and others. Personal physicians may continue to provide medical direction and trained nurses are available to administer and monitor recommended treatments.

The hospice care program is available to terminally ill persons of all ages who meet certain criteria. In order to meet the requirements for acceptance into the hospice program persons should:

- be medically diagnosed with a life expectancy of six months or less.
- have a primary caregiver who is willing and capable of providing basic and consistent care.
- reside within the physical boundaries of the area served by the hospice care unit.

Although hospice programs generally support terminally ill persons in the home setting, some hospice programs are located within hospitals or long-term care facilities. Terminally ill persons wanting to enter the hospice program who are without a primary caregiver must opt to reside in an institutional facility that incorporates hospice care.

According to the National Hospice and Palliative Care Organization, there are over 3,000 hospice programs in the United States today. In 1998, approximately 540,000 people benefited from the services of hospice care. In addition to hospice services mentioned previously, hospice care also offers support through a bereavement program to the family during their experience of loss.

◆ ***Essential Questions:*** ◆
Assistance
for the Terminally Ill

1. What kinds of professional services can be helpful to the terminally ill person?
2. What is the purpose of a hospice program?
3. What criteria must a terminally ill person meet prior to acceptance into a hospice program?

EMOTIONAL NEEDS OF THE TERMINALLY ILL

An older person who is dying is still a living person and has the same needs as a healthy individual. Some of these needs include the following:

- *safety and security* – to know they will be cared for up until the moment of death
- *recreation* – a way to pass the time such as watching television, reading, playing cards, talking
- normal – to know their thoughts and feelings are shared by others in their situation
- *meaningful relationships* – to be able to talk with friends and family on a meaningful level
- *love* – to feel that they are loved and/or are the object of someone's love

◆ ***Essential Question:*** ◆
Emotional Needs
of the Terminally Ill

How might the emotional needs of a terminally ill person differ from those of a person that is not terminally ill?

COMMUNICATING WITH THE TERMINALLY ILL

An older person may react in different ways when faced with dying. Reactions may include the following:

- asking everyone about personal chances for recovery
- asking a lot of questions
- complaining constantly
- making requests that seem unreasonable
- being afraid to be alone and wanting attention from the caregiver

Asking many questions of the caregiver is usually a signal that the older person wants more information. The caregiver will often lack the information needed to answer some questions. The caregiver should allow the person in charge to answer the older person's questions that have been left unanswered.

The following guidelines should be used by the caregiver when talking with an older person who is terminally ill:

- **Be honest.** If the caregiver cannot answer questions, the caregiver should be honest and say so. The older person probably does not expect the caregiver to be able to answer every question anyway.

- **Do not say too much.** It is often better for the caregiver to show concern for the terminally ill person by giving a caring look, a nod, or a word at the right time rather than constant conversation.
- **Do not provide false hope or reassurance.** The caregiver should offer short-term realistic goals or say nothing to the terminally ill individual while careful not to raise false hopes.
- **Do not destroy hope.** An individual who has hope often lives longer than a person who does not. The caregiver should not destroy the older person's hope.

◆ *Essential Questions:* ◆
Communicating With the Terminally Ill

1. What communication skills are important for the caregiver to use when talking to a terminally ill person?
2. What are some common reactions of people who are terminally ill?
3. What guidelines should be used when talking with a person who is dying?

FAMILY NEEDS

The family members of the terminally ill individual also have several needs during this time that must be met. In some situations, the needs of the family may be even greater than those of the terminally ill individual. The caregiver should follow the guidelines below to ensure that the needs of the family are met.

- **Provide for the family's wishes for privacy.**

- **Let the family spend as much time with the terminally ill individual as possible.** (The caregiver must first follow doctor's orders or the rules of the care facility.)

- **Provide emotional support to family members and encourage them to continue to visit the terminally ill person.**

- **Relay any questions to the supervisor or the person in charge so the family's concerns can be discussed.**

- **Maintain a concerned attitude toward the terminally ill individual and the family members.** Being quietly thoughtful of the comfort of others and willing to help will show that the caregiver is understanding and concerned for the entire family.

◆ *Essential Questions:* ◆
Family Needs

1. Why is it important to consider the needs of the family?
2. How can the needs of the terminally ill person's family be met?

STAGES OF GRIEF OF THE TERMINALLY ILL

From the time an older person learns that he or she is suffering from a terminal illness until dying, the individual goes through five ***stages of grief***. These five stages, their purposes, and their characteristics are described in Table 29.1. It is important for the caregiver to understand and to be aware of the feelings experienced by the terminally ill individual.

Stages of Grief Experienced by a Terminally Ill Person

Stages	Purpose	Characteristics
Denial	Functions as a cushion to the blow of the news that the person is terminally ill; serves as a time delay so the person has time to think about his or her situation and substitute other less extreme behaviors or defenses	Temporary shock; person strongly denies the reality of his or her illness; often wants to be alone; does not accept help from others
Anger	Functions as an emotional outburst for the person to cope with emotional stress; allows venting of tension and helps alleviate stress (similar to a child's temper tantrum or an adult's strenuous exercise)	Rage, hostility, and anger directed at anyone; person asks what he or she had done to deserve such an illness
Bargaining	Allows hope that the inevitable end may be delayed; helps to give the person hope and will power; usually a bargain made with higher being	The bargain is kept a secret and is mentioned only between the lines in conversation with others; may be discussed only with a chaplain or other clergy
Depression	Helps to cope with the losses the person has had to deal with or will have to deal with; elicits needed sympathy; a step in the direction of total acceptance	Talks about loss of job, finances, use of limbs, weight, or other physical functions; talks about the eventual loss of the family, friends, and belongings; begins to accept the inevitability of death
Acceptance	Helps person accept the death as real; resolves conflict between wanting to live and knowing that death is at hand; preparation stage for death; other stages have been resolved if the person has had enough time and has been given help in working through them	Usuallly tired and weak; void of feelings; circle of interest narrows, no longer talkative to visitors and other people; not necessarily happy, but at peace

Table 29.1

◆ ***Essential Questions:*** ◆
Stages of Grief
for the Terminally Ill

1. What are the five steps of a grief that a terminally ill person may go through?
2. Why is it important for the caregiver to understand and be aware of the feelings of the terminally ill person?

THE GRIEF PROCESS FOR FAMILY AND FRIENDS

Family and friends usually experience several stages of grief after the death of someone close. Some of the stages are very similar to the stages of grief experienced by terminally ill persons.

In Granger Westberg's book entitled *Good Grief: A Constructive Approach to the Problem of Loss,* the author gives these guidelines for understanding the stages of grief:

- A person may be involved simultaneously in more than one stage.
- Grieving is not necessarily an orderly process.
- Probably not everyone goes through all of the stages; however, in general, experiencing most stages is necessary for a complete and healthy adjustment.

Stages of Grief Of Family And Friends Of The Terminally ill

Granger Westberg lists the following stages of grief for family and friends of the terminally ill:

1. **Shock/disbelief** – May last a few hours or days, is a temporary retreat from what has happened, has a mercifully numbing effect.
2. **Emotional release** – Usually crying, sometimes hysterical crying.
3. **Depression/loneliness** – Sense of alienation, maybe even from God.
4. **Symptoms of physical distress** – Muscular system may seem weak, sense of strength drained, digestive problems (more prone to infections and illnesses), cardiovascular system changes, high blood pressure, rapid heart beat, and changes in body temperature.
5. **Panic** – Cannot think of what to do, has disbelief again, feels that it could not have happened.
6. **Guilt feelings** – Characterized by wishful thinking or regret about what was or was not done, expressed in terms of anger toward others.
7. **Hostility and resentment** – Directed toward hospitals, doctors who were involved with the deceased, or against friends who have not so acutely experienced the loss.
8. **Inability to return to usual activities** – Everything seems difficult and impossible. Grieving person wonders if life is worth it.
9. **Reconciliation** – A very positive step. The term ***reconciliation*** refers to bringing life back into harmony. To be content with the circumstances, the grieving person begins to adjust and adapt.
10. **Struggle to adjust to reality** – Acknowledges that death has happened but that the grieving person is still living; seeks substitutions, not as a replacement in the sense that the deceased never existed, but rather, in an effort to develop new relationships. It does not mean that the bereaved person becomes "same old self" again.

◆ ***Essential Questions:*** ◆
Stages of Grief of Family and
Friends of the Terminally Ill

1. What are the stages of grief most family and friends go through after the death of someone they have been close to?
2. Why is grieving not necessarily an orderly process?

Chapter Highlights

- Many illnesses cause death and are referred to as terminal.
- Many terminally ill persons will require a great deal of support from family, friends, and professionals to ease their physical, emotional, spiritual, and psychological suffering.
- The hospice program is designed to bring terminally ill persons and their families together with trained volunteers and professionals for the purpose of easing the difficulties brought on by the terminal illness.
- An older person who is terminally ill is still a living person and has the same needs as a healthy individual.
- An older person may react in different ways when faced with dying by asking a lot of questions, making unreasonable requests, or being afraid to be alone.
- When talking with an older person who is terminally ill, the caregiver should be honest and not talk too much, avoid providing false hope or reassurance, and avoid destroying hope.
- In some situations, the needs of the family may be even greater than those of the terminally ill individual.
- From the time that individuals learn they are suffering from a terminal illness until the moment of their deaths, they go through five stages of grief: denial and isolation, anger, bargaining, depression, and acceptance.
- Family and friends usually experience several stages of grief after the death of a someone close.
- Some of the stages are very similar to the stages of grief experienced by terminally ill individuals.
- The grief process for family and friends includes the following: shock/disbelief, emotional release, depression/loneliness, symptoms of physical distress, panic, guilt feelings, hostility and resentment, inability to return to usual activities, reconciliation, and a struggle to adjust to reality.

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SERVICES FOR OLDER ADULTS
OCCUPATIONALLY SPECIFIC COURSE MATERIALS
FALL 2000 UPDATE

The Curriculum Center for Family and Consumer Sciences is in the midst of a three-year process to develop a new series of instructional materials for seven occupationally specific training areas. Each series will consist of a *Reference Book* (text for students), *Student Activity Book*, and *Curriculum Guide* (teacher's resource).

The *Reference Book* and *Student Activity Book* for Services for Older Adults are available as of fall 2000. The new Curriculum Guide is targeted for availability in fall 2002.

The attached crosswalk can be used to correlate content of the new 2000 publications with the 1993 curriculum guide for the predecessor course.

Certainly, the new publications contain additional and updated content that will not be found in the 1993 curriculum guide; thus, instructional strategies will not be found for all content in the new reference book. Also, the answer keys in the curriculum guide do not correspond to the new reference and activity books. However, the curriculum guide does contain many learning and evaluation experiences and teaching aids that are still applicable.

Tools such as this crosswalk, the TEKS Implementation Supplement, and the Training Plan Masters will assist the teacher in effectively utilizing all student and teacher components of the occupational series in the interim until the new Curriculum Guides are available.

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SERVICES FOR OLDER ADULTS

Crosswalk of the New Reference Book with the Existing Curriculum Guide

New Reference Book Chapters (2000)	*Chapters from the existing Curriculum Guide (1993) that contain selected instructional strategy ideas
1	Chapter 1
2	Chapter 2
3	
4	Chapter 3
5	Chapter 4
6	Chapter 33
7	Portions of Chapters 2 and 9
8	Chapter 5
9	Chapter 6
10	Chapter 7
11	Chapter 8
12	
13	Chapters 13 and 32
14	Chapter 9

*The new 2000 Reference Books contain new and updated information not addressed in the 1993 Curriculum Guide nor the old Reference Book. Therefore, instructional strategies related to this new content information cannot be found in the 1993 Curriculum Guide. New curriculum guides, corresponding to the 2000 Reference Book and Student Activity Book, are scheduled for summer 2002.

SERVICES FOR OLDER ADULTS

Crosswalk of the New Reference Book with the Existing Curriculum Guide

New Reference Book Chapters (2000)	*Chapters from the existing Curriculum Guide (1993) that contain selected instructional strategy ideas
15	Chapter 10
16	Chapter 14
17	Chapters 15 and 16
18	Chapter 17
19	Chapters 18 and 19
20	Chapters 22 and 23
21	Chapter 20
22	Chapters 21 and 24
23	Portions of Chapter 22
24	Chapter 11
25	Chapter 12
26	Chapters 30 and 31
27	Chapters 27 and 28
28	Chapters 26 and 29
29	Chapter 25

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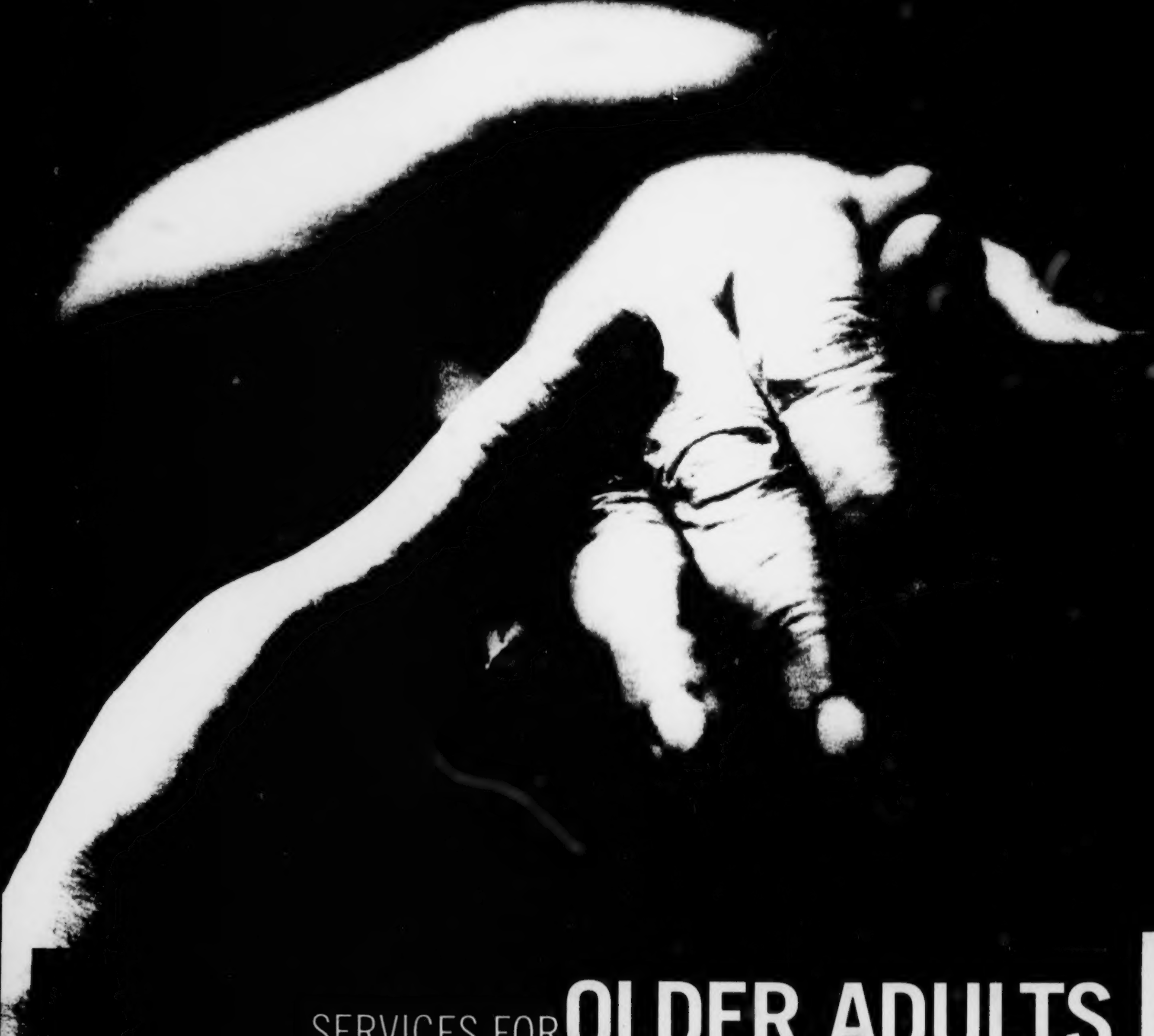

SERVICES FOR OLDER ADULTS
REFERENCE BOOK

FAMILY AND CONSUMER SCIENCES EDUCATION • TEXAS EDUCATION AGENCY • AUSTIN, TEXAS

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Services for Older Adults

Student Activity Book

Developed and disseminated by:
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Preface

Services for older adults encompass many professions devoted to making the lives of older adults more pleasant and meaningful. Nearly one-half of all family and consumer sciences professionals are employed in the field of human services. The potential for careers in the fields of aging and gerontology exists in every community. Services for older adults offer a broad range of career opportunities including the following: assisting and enabling older adults to remain comfortable in their own homes; helping older adults maintain the best possible health with maximum independence; and providing services to people in their homes to improve or maintain their abilities, thus preventing institutionalization. In addition to employment opportunities found in working with older adults in home situations, opportunities continue to increase in institutional areas and in business and industry. Employment is available at a variety of levels ranging from beginning jobs that are open to the inexperienced, to professional level positions that require a college education or other extensive specialized training.

Publications in the *Services for Older Adults* series provide information about various aspects of this occupational area. Some employment situations will fit the descriptions provided more closely than others. Therefore, hands-on experience and use of other resource materials are important components of the total training experiences needed by students interested in pursuing career opportunities in services for older adults.

This Student Activity Book complements the other documents in the *Services for Older Adults* set of materials. The instructional materials designed for this occupational training area include the following three components:

- The *Reference Book* provides information needed by employees in services for older adults. Each chapter begins with a "Chapter Focus" (the Texas Essential Knowledge and Skills addressed in that chapter) and a "Chapter Vocabulary." Terms listed as vocabulary may be located quickly by using the index. Within the text, italicized, boldfaced vocabulary terms are included with definitions or explanations. Throughout the chapter, "Essential Questions" boxes pose important questions to students about the material they have read. At the end of each chapter, the content is summarized in "Chapter Highlights."

- The *Curriculum Guide* provides information needed by teachers. Each chapter consists of a variety of instructional strategies for use in the classroom. Instructional strategies should be selected based on the local instructional arrangement, the level of students' abilities and experience, job situations, and time available. Teaching Aids are included for use in implementing the instructional strategies. An Answer Key is also provided for the activities in the Student Activity Book.

- The *Student Activity Book* provides a variety of pencil-and paper activities designed to reinforce the concepts presented in the Reference Book. Activities are designed to correlate with essential information presented in each chapter.

The *Services for Older Adults* documents are part of an occupational education series which focus on a broad range of employment opportunities. Each title in the series addresses one occupational training area. The materials may be used for one or two years of instruction. Curriculum materials for the other occupational areas in family and consumer sciences are available from The Curriculum Center for Family and Consumer Sciences, Texas Tech University, Box 41161, Lubbock, Texas, 79409-1161.

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Chapter 1

The Older Adult in Today's Society

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 1:

1A Describe the aging process.
1B Describe characteristics and care needs of older adults.
1C Identify laws, trends, and issues affecting older adults.
1D Analyze factors contributing to the growing older adult population.
1E Predict how changing demographics impact older adults and society as a whole.

Introduction

For the first time in the history of the United States, there are more people over sixty-five than there are teenagers under twenty. Today's older adult population is different than in the past, as it is healthier and better educated. Many older adults are using their skills and experiences to set new goals and look to the future. In the past, society faced the problem of people having a shortened life span.

According to the Administration on Aging, while stereotypes often portray adults as a homogeneous group, older adults are probably more diverse than any other age group. Not only do the terms "elderly," "senior," and "older" include persons whose ages span more than four decades, they encompass groups of individuals who vary widely in terms of income, educational attainment, health, functional abilities, living arrangements, and access to support services. With this increasing proportion of the older adult population in the United States, the need to train people to work with older adults is also increasing.

Activity 1-1 • Sentence Completion

Directions

Describe the older adult population by completing the following activity. Select the most appropriate word(s) from the word list to complete each sentence. Place the word(s) in the blank(s) provided.

Word List

baby boomers
biological aging
chronological aging
middle old
myth
older adult population
oldest old
psychological aging
social aging
young old

1. Persons sixty-five years and older are considered the ____________________ ____________________ ____________________.

2. ____________________ ____________________ is defined as the changes that occur in sensory and perceptual processes, mental functioning, adaptive capacity, personality, drive, and motives.

3. ____________________ ____________________ is based on a person's years from birth.

4. ____________________ ____________________ are people born in the United States between 1946 and 1964.

5. ____________________ ____________________ refers to the physical changes that reduce the efficiency of organ systems.

6. Older adult individuals who are eighty-five years and older are considered the ____________________ ____________________.

7. ____________________ ____________________ refers to an individual's changing roles and relationships in the social structure.

8. Older adult individuals who are between the ages of sixty-five and seventy-four are considered the ____________________ ____________________.

9. The ____________________ ____________________ are older adult individuals who are between the ages of seventy-five and eighty-four.

10. A belief whose truth is accepted without questioning is called a ____________________.

Directions

Examine your own thoughts about the aging process. Below are ten concepts on aging. In the space beneath each concept, write a brief explanation about what the concept means to you. If possible, share a personal example to support your explanation.

1. Aging is universal. ____________________
2. Aging is normal. ____________________
3. Aging is variable. ____________________
4. Dying is normal and inevitable. ____________________
5. Aging and illness are not necessarily coincidental. ____________________
6. Older people really represent three generations. ____________________
7. Older people can and do learn. ____________________
8. Older people can and do change. ____________________
9. Older people want to remain self-directed. ____________________
10. Older people are vital human beings. ____________________

Activity 1-3 • True/False

Directions

Identify the myths and realities about aging by completing the following activity. Write the word True in the box to the left if the statement is correct. Write the word Myth in the box if the statement is a myth. In the space provided beneath each statement, reword each myth to make it a true statement.

☐ 1. Less than 5 percent of the older adult population live in any kind of institutional setting.

____

☐ 2. Social policy often provides negative rewards that work against the older adult.

____

☐ 3. Most older adults are lonely and isolated from family and friends.

____

☐ 4. Sexual interest diminishes and eventually disappears with age.

____

☐ 5. Older people are often more innovative than younger people.

____

☐ 6. Retirement brings about an early death in older people.

____

☐ 7. Certain diseases attack only older people.

____

☐ 8. The "rocking chair syndrome" is generally not true.

____

☐ 9. Extreme physical and mental deterioration is inevitable with age.

____

☐ 10. Only about 14 percent of the older adult population are incapacitated in their own homes.

____

Activity 1-4 • Case Studies

Directions

Complete the following exercise to review your understanding of the older adult in today's society. Read the case studies below and write your response in the blanks provided.

Case Study #1

Moesha's grandmother, Lucille, is sixty-five years old. She has lived alone since her husband passed away three years ago. Recently, Lucille declared that she had taken a sales position in a retail store at a local mall. Moesha's family was surprised by this as Lucille has never worked outside the home. Provide some reasons or explanations as to why you think Lucille may have taken this job.

Case Study #2

Ralph owns a farm that has been in his family since the early 1900s. He and his wife, both in their sixties, have been informed by their children that the farm will be sold to buy a condominium in town so that Ralph and his wife will be closer to the children, their families, to shopping, theaters, and restaurants. Ralph and his wife do not want to leave their home and have resisted the plans made by their children. Ralph's children, whose intentions are good, are surprised at the negative reaction received from their parents. Provide some reasons or explanations as to why you think Ralph and his wife are reacting in this way.

Activity 1-4 • Case Studies, cont'd.

Case Study #3

Doris, who is seventy-two years old, is vacationing with her daughter and her daughter's family. One day, Doris overhears her twenty-year-old grandson refer to her as "really old." This surprises Doris as she is fit, walks every day, and reads to keep her mind alert. Provide some reasons or explanations as to why you think Doris' grandson referred to her in this manner.

Case Study #4

At the age of seventy-five, Hector has decided to go back to school to earn a bachelor's degree in business management. His family thinks he is being silly entering school at his age. However, Hector, who did not progress past the tenth grade due to having to enter the work force to help his family, is determined about earning this degree. Provide some reasons or explanations as to why you think Hector is making this choice.

Case Study #5

Cyndi just celebrated her fortieth birthday and is depressed about "growing old." One day, over a cup of coffee with her good friend Roberta, she shares her distress and fears. Roberta is eighty years old and understands Cyndi's position. Provide some comfort that Roberta could offer Cyndi to help ease her distress and fears.

Chapter 2

Legislation and Services Developed for Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 2:

1C Identify laws, trends, and issues affecting older adults.
1D Analyze factors contributing to the growing older adult population.
1E Predict how changing demographics impact older adults and society as a whole.

Introduction

One basic goal of a caregiver is to enable the needs of older persons to be met, whether it is through the efforts of the caregiver or through the use of resources. The role of caregiver for the older adult does not include making decisions for older persons but rather assisting them in obtaining information they need to make a decision. If the older person is genuinely unable to make a decision that must be made, such as whether or not to have plumbing repaired, the role of the caregiver is to contact the responsible family member, friend, or agency personnel to make a decision. When the caregiver has a knowledge of the community, state, and federal services available, the caregiver is better equipped to meet the needs of the older adult population.

Activity 2-1 • Matching

Directions

Review highlights of legislation and advocacy organizations for older adults by completing the following activity. Match each description to the most appropriate term. Write the letter of the term in the blank beside each description.

Descriptions

_____ 1. Designed to bring together delegates from across the country to encourage a nationwide focus on aging issues.

_____ 2. Governing agency which helps to set up grants to states for community services, training, and research for older adults.

_____ 3. Established the Administration on Aging.

_____ 4. Groups that provide political support.

_____ 5. The federal focal point and advocate agency for older persons and their concerns.

_____ 6. Raised the mandatory retirement age from sixty-five to seventy.

_____ 7. A state agency that is the visible advocate and leader in coordinating services for older adults in Texas.

_____ 8. Informs members about legislative issues of special concern to older persons and works to educate legislators about issues related to older adults.

_____ 9. Identifies legislative priorities desired by older adults and lobbies for the implementation of such priorities.

_____ 10. Politically active group that keeps abreast of legislation and programs for older adults.

Terms

A. AARP
B. Administration on Aging
C. advocacy groups
D. Age Discrimination Employment Act
E. Department of Health and Human Services
F. Gray Panthers
G. Older Americans Act of 1965
H. Silver Haired Legislature
I. Texas Department on Aging
J. WHCOAs

Activity 2-2 • Short Answer

Directions

In the past century, there has been much progress made in the area of services provided for older adults. For each decade depicted below, provide an example of a program or type of legislation that advocates the needs of older adults. An example is provided for you.

Example

1960s– Medicare, Title XVIII, a health insurance program for the elderly was established as part of the Social Security Act.

1920s–

1930s–

1950s–

1960s–

1970s–

1980s–

1990s–

Activity 2-3 • Internet Research

Directions

Search the Internet to locate Web sites for the following advocacy organizations for older adults. **Write each Web site** location in the blank provided. Then provide a summary of information and resources described at each site that would be of benefit to older adults.

1. Administration on Aging Web site: ______________________________
   Beneficial information and resources:

2. AARP Web site: ______________________________
   Beneficial information and resources:

3. Gray Panthers Web site: ______________________________
   Beneficial information and resources:

4. Silver Haired Legislature Web site: ______________________________
   Beneficial information and resources:

Activity 2-4 • Application

Directions

List five examples of community, state, and federal services often available to older adults. Under each type of service, describe a situation where an older adult might require that service.

Example: Service: Homemaker services
Situation requiring the service: An elderly man who is visually impaired needs housekeeping assistance on a regular basis.

1. Service: ______
Situation requiring the service: ______

2. Service: ______
Situation requiring the service: ______

3. Service: ______
Situation requiring the service: ______

4. Service: ______
Situation requiring the service: ______

5. Service: ______
Situation requiring the service: ______

Activity 2-5 • Description

Directions

In the space provided, describe each of the following intergenerational programs.

1. Child care centers staffed by older workers and volunteers.

2. Child care centers in long-term care facilities.

3. Adult care and child care offered in the same facility.

4. Trained older workers as family day home caregivers.

5. Visitation.

6. Volunteer services.

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Chapter 3

Contributions That Older Adults Make to Society

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 3:

- 1F Determine the role of older adults, their status, and contributions in various cultures.
- 4A Determine contributions older adults make to society through personal achievement, family life, employment, and volunteerism.
- 4B Predict ways an increasing older adult population can benefit society.
- 8A Assess the impact of culture on the role of older adults.

Introduction

Getting old is better! Researchers have studied the lives of 400 famous people and found that 35 percent of the group's achievements came when they were between sixty and seventy years old. Twenty-three percent of the people became famous when they were between seventy and eighty; and 8 percent when they were over eighty years of age.

Older adults do not have to be famous to make valuable contributions to society. There are probably many people in our own communities who never had their name in the headlines or their photograph in the local newspaper. Their contributions may have varied from providing hundreds of hours at the local food bank, serving as a mentor at the elementary school, picking up trash on the city streets, or volunteering to rock babies in the hospital nursery. No matter how big or small the task, each act was a contribution to society.

Activity 3-1 • True/ False

Directions

Gain an understanding of older adults and their contributions to society by completing the following activity. Write the word True in the column to the left if the statement is true. Write the word False in the column if the statement is false. In the space provided, reword each false statement to make it a true statement.

________ 1. Researchers have found that 35 percent of a group of famous people's achievements came when they were between sixty and seventy years old.

____

________ 2. To many older adults, old age is a period of life where they can continue to make contributions to others through volunteer and employment opportunities.

____

________ 3. Older adults do not offer many benefits to American businesses and the economy.

____

________ 4. Studies show that older workers' attendance is low or lower than younger workers.

____

________ 5. The number of baby boomers who will be fifty-five or older in 2005 will double the number of older workers.

____

________ 6. Green Thumb participants are able to help alter stereotypes about the aging process and older adults.

____

________ 7. Older women appear to be less active participants in voluntary associations than are older men.

____

________ 8. Older persons who are active in community and interest organizations derive a variety of benefits, including socializing.

____

________ 9. There are no established volunteer opportunities that benefit from diverse talents of older Americans.

____

________ 10. RSVP helps individuals fifty-five and older find worthwhile service opportunities in their communities.

____

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Activity 3-2 • Writing/Matching

Directions

Part I

In the space below, compose a newspaper advertisement describing Green Thumb, Inc. and "selling" its benefits.

Part II

Review the four different programs offered by Green Thumb, Inc. by completing the following activity. Match the Green Thumb program in the right column with descriptions that apply to the program in the left column. Place the letter of the program in the blank to the left of the description. A letter may be used more than once.

Descriptions

_____ 1. Helps older workers, regardless of age and income, find positions that match their skills, abilities, and work preferences

_____ 2. Helps alter stereotypes about the aging process

_____ 3. For disadvantaged older adults, operates projects involving occupational skills, classroom, or on-the-job training

_____ 4. Allows 27,000 low-income older Americans to stay off public assistance and remain productive and independent

_____ 5. Through work-based learning, assists older adults in gaining job experience and transferable employability skills

Green Thumb Programs

A. Senior Community Service Employment Program

B. Job Training Partnership Act

C. Experience Works℠

D. Welfare-to-Work Initiative

Activity 3-3 • Identification

Directions

Identify the volunteer organizations in which older adults participate by completing the following activity. Read each situation carefully to determine the volunteer organization being described. Write the name of the organization in the space provided.

1. Lori, who is sixty-nine years old, wants to participate in service opportunities in her community. She would like to work approximately fifteen hours a week in a hospital. Which volunteer agency should she contact?

2. Frank, who is seventy years old, would like to assist another older adult with basic tasks. He wants to work about twenty hours a week and has his own transportation. Which volunteer agency should he contact?

3. Sixty-four-year-old Antonio is a retired business owner who is interested in counseling others with his business expertise about entrepreneur education and the formation, growth, and success of small business. Which volunteer agency should he contact?

4. Anna Marie, a retired teacher, is seventy years old. She plans to spend some of her retirement overseas, but would like for her time to benefit others as well. She is considering joining a volunteer agency that will assist her in finding work educating others while overseas. What agency should she contact?

5. Mary is a sixty-three-year-old grandmother whose grandchildren live out of state. She would like to spend time with other young children and be able to offer emotional support and educational tutoring. What agency should she contact?

Activity 3-4 • Writing

Directions

Complete this activity to highlight achievements and contributions made by older adults. Choose one of the two following exercises (A or B). Write a brief report either using the space provided or on separate paper.

(A) Think of a famous person who made a great achievement at an older age. Using various resources (i.e., Internet , library), write a brief report about the person and her or his achievement. Include the person's age at the time of the achievement and how the achievement contributed to society.

(B) Think of an older person who has had a positive influence on your life. This could be someone you know personally or with whom you have had limited contact. Include the person's age (or approximate age if you are uncertain), provide some background information (i.e., where and how you met the person), and detail the contribution by explaining how your life has been changed or enhanced.

Chapter 4

Employment Opportunities in Serving Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 4:

13H Analyze opportunities in volunteer work with older adults.

14A Determine preparation requirements for various levels of employment in a variety of careers that provide services to older adults.

14B Analyze the future employment outlook in services for older adults.

14C Describe entrepreneurial opportunities in services for older adults.

14D Determine how interests, abilities, personal priorities, and family responsibilities affect career choice.

14E Compare rewards and demands for various levels of employment in a variety of careers.

14F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

Introduction

Services for older adults is a profession devoted to making the lives of older adults more pleasant and meaningful. Nearly one-half of all family and consumer sciences professionals are employed in the field of human services. They work with millions of people throughout the world. Because of their abilities and expertise, the work that they do benefits individuals, families, and communities.

Activity 4-1 • True/False

Directions

Review employment opportunities in serving older adults by completing the following activity. Place a ✓ in the T column if the statement is true. Place a ✓ in the F column if the statement is false. In the space provided, reword each false statement to make it a true statement.

T	F	
		1. Services for older adults is a profession devoted to making the lives of older adults more pleasant and meaningful.
		2. Less than one-third of all family and consumer sciences professionals are employed in the field of human services.
		3. Entry-level positions in services for older adults include those at home-centered health services, community care facilities, and other institutional care facilities.
		4. Being a certified activities director or a leisure services associate does not require any post-secondary training.
		5. Professional positions, such as gerontologist or family advocate, usually require a college degree, often with advanced degrees and training.
		6. The demand for professional opportunities in services for older adults will expand in other areas as well, such as geriatric nutrition and social work.
		7. As America's population ages, the nation's health-care needs will decrease.
		8. Opportunities for entrepreneurship in the field of aging have decreased.
		9. Many older adults will require more assistance due to the decline of physical abilities and sensory capacities that come with aging.
		10. Long-term care and housing will most likely remain high on the list of priorities for future employment opportunities in the field of aging.

Activity 4-2 • Sentence Completion

Directions

Unscramble the words in the column on the left to complete the sentences on the right. Write the unscrambled words in the spaces provided.

1. snetpnreeruer	Persons who own and operate their own business are called ______________.
2. crveseis rfo rdloe luadst	______________ ______________ ______________ is a profession devoted to making the lives of older adults more pleasant and meaningful.
3. htepnerusnerprie	______________ is the creation of new businesses by private individuals.
4. grylonetogo	______________ is the study of older adults.
5. yetrn elvle tipsoonsi	______________ ______________ ______________ are employment opportunities available to persons with little experience or training in any particular occupation.

Activity 4-3 • Short Answer

Directions

In the space provided below each type of position, explain what kind of experience and education/ training are required for that level of employment. In the "Example" box for each position type, list five career opportunities at that level.

1. Entry-level positions:

____

____

EXAMPLES	• • • • •

2. Technical positions:

____

____

EXAMPLES	• • • • •

3. Professional positions:

____

____

EXAMPLES	• • • • •

Activity 4-4 • Career Investigation

Directions

Part I

In the spaces below, list examples of routine duties for the areas of work in services for older adults.

1. Personal Care and Hygiene

2. Domestic Skills

3. Health Care

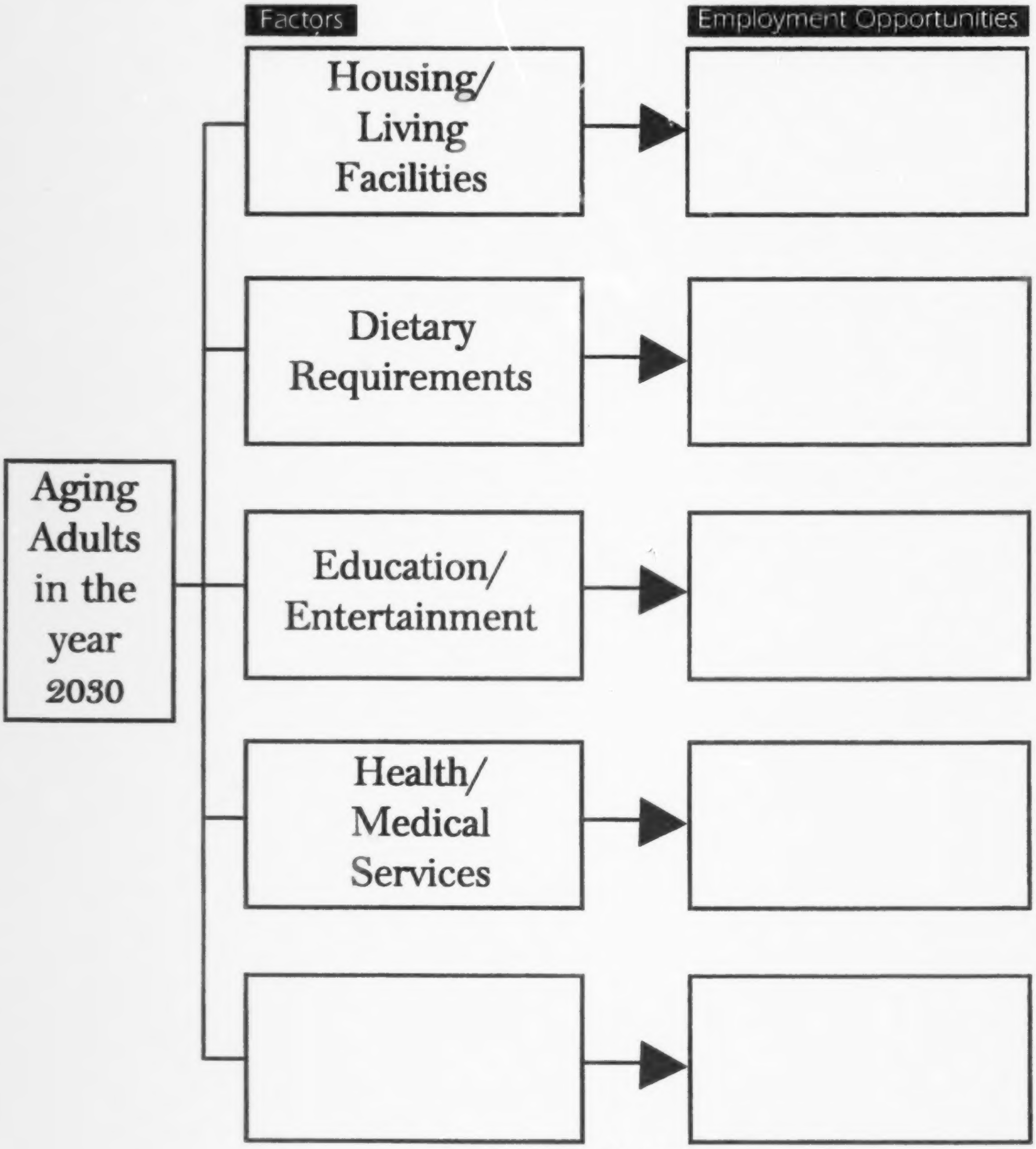
Part II

In which of the above areas would you be most interested in working? Why?

Activity 4-5 • Research

Directions

Complete the following exercise to review the emerging employment opportunities in serving older adults. Listed below are a number of factors that may influence employment opportunities in the year 2030. Complete the boxes by providing at least three types of job opportunities for each factor. Try to think of a fifth factor and some related employment opportunities to put in the last open box.


Factors
Employment Opportunities
Aging Adults in the year 2030
Housing/ Living Facilities
Dietary Requirements
Education/ Entertainment
Health/ Medical Services

Chapter 5

Necessary Qualifications of Persons Interested in Serving Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 5:

9C Demonstrate productive work habits and attitudes.

14A Determine preparation requirements for various levels of employment in a variety of careers that provide services to older adults.

14D Determine how interests, abilities, personal priorities, and family responsibilities affect career choice.

14E Compare rewards and demands for various levels of employment in a variety of careers.

Introduction

Services for older adults provide a wide array of career opportunities. The field is limited only by one's imagination. For those who are motivated and concerned about improving the quality of life for current and future generations of older people, it is an exciting and challenging field. Individuals working in services for older adults are people who care. Caring is a positive feeling about something or someone. Caring is reflected in the way the caregiver looks, speaks, performs tasks, and treats others.

Activity 5-1 • Sentence Completion

Directions

Describe necessary qualifications of persons interested in serving older adults by completing the following activity. Select the most appropriate word(s) from the word list to complete each sentence. Place the word(s) in the blank(s) provided.

Word List

administer
alignment
confidentiality
dependable
empathetic
ethics
flexible
stable
sympathetic
tactful
tolerant
work simplification

1. To ______________________ or be of service to the needs of the older population, the caregiver should exhibit both good physical and mental health.

2. A person who is ______________________ displays the ability to adjust to meet new needs or a changing situation.

3. Correct bone ______________________ means arrangement of bones in a straight line.

4. A person who is ______________________ displays the ability to do required tasks well without direction.

5. A person who is ______________________ displays the ability to share the feelings of another.

6. Persons who are ______________________ have the ability to be fair and objective toward those whose opinions, practices, race, religion, or nationality differ from their own.

7. A person who is ______________________ has the ability to be aware of and understand another's feelings.

8. Confidences, secrets, and intimacies of others are not divulged by caregivers who practice ______________________.

9. One who is ______________________ displays the ability to do and say the right thing at the right time.

10. A person who is ______________________ has the ability to withstand pressure and remain calm in crises.

11. ______________________ means the simplest, easiest, and quickest method of doing work.

12. The term ______________________ refers to a system of moral principles.

Activity 5-2 • Matching

Directions

Match the physical capabilities needed by caregivers of older adults with reasons each physical capability is important. Place the letter of the physical capability in the blank to the left of the reason. Letters may be used more than once.

Reason Why Each is Important

_____ 1. A poor diet may result in irritability, nervousness, tiredness, and susceptibility to illness.

_____ 2. An individual working with older adults needs to be free from minor aches and pains.

_____ 3. Caregivers with this skill can show older adults ways to walk, sit, and turn in bed.

_____ 4. Caregivers are frequently required to help physically support and move older persons who are not independently mobile.

_____ 5. This is helpful to relieve daily tensions and stimulate a healthy mental attitude.

_____ 6. It is important that the caregiver be rested and alert on the job.

_____ 7. A well-balanced diet that includes six to eight glasses of water daily is extremely important for the caregiver to remain healthy.

_____ 8. Older people often feel that the caregiver who exhibits good personal care will take good care of them.

_____ 9. For an older adult, catching a disease such as a simple cold can develop into life-threatening circumstances.

_____ 10. Walking, standing, and sitting correctly allow body organs to function properly, stimulate circulation, correct bone alignment, and promote better respiration.

Physical Capabilities

A. Physical strength

B. Knowledge of body mechanics

C. Being free from contagious disease

D. Good posture

E. Adequate sleep and rest

F. Proper nutrition

G. Regular exercise

H. Good personal hygiene

Activity 5-3 • Short Answer

Directions

List and describe three examples that you consider very important under each of the following characteristics needed by employees serving older adults.

Attitudes

1. ____

Ethics

2. ____

Qualities

3. ____

Good Working Habits

4. ____

Time Management

5. ____

Activity 5-4 • Scenario

Directions

Complete the following exercise to review the ethical traits that are important for job success when working in services for older adults. Listed below are four ethical traits and their characteristics. Choose three of the traits. Incorporate these ethical traits into a written scenario or situation using a setting in which you think they might be applied. You may write three separate and different scenarios, or you may write one scenario using all three traits.

Ethical Traits

- **Loyalty:** Faithfulness to commitments or obligations.
- **Honesty:** Fairness, truthfulness, sincerity, and integrity.
- **Respect:** Demonstrates admiration and approval together with difference to others.
- **Confidentiality:** Confidences, secrets, and intimacies of others are not divulged by caregivers who practice confidentiality. Personal information, such as illness details, should not be discussed with anyone except a supervisor.

Chapter 6

The Role of the Caregiver

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 6:

5A Describe physical characteristics typical of the aging process.

5C Determine caregiver strategies appropriate to accommodate physical limitations of older adults.

8A Assess the impact of culture on the role of older adults.

9A Describe types and multiple responsibilities of caregivers.

9D Exhibit communication skills needed in all levels of care.

9E Practice effective stress management strategies when providing services for older adults.

9F Determine resources for caregivers and older adults.

Introduction

Caregiving (the act of giving care) to older adults can be a very rewarding and challenging experience that carries with it many unique responsibilities. The diversity of tasks and the level of personal commitment required by caregivers in services for older adults may become overwhelming at times. When the older person happens to be a family member of the caregiver, this can be especially true. Persons caring for older family members will naturally have a deeper sense of commitment and sensitivity toward family members in their care. Individuals caring for aging family members are especially prone to overworking themselves, neglecting personal needs, and neglecting those needs of other family members.

Caregivers employed in services for older adults have unique responsibilities and opportunities. They must also work cooperatively with the family and friends of the older adult so that quality care can be provided.

Activity 6-1 • Application

Directions

Being aware of the developmental tasks that occur in late adulthood can help caregivers better understand the situations that contribute positively toward the overall happiness of older persons in their care. With this awareness, caregivers are better equipped to offer encouragement and support to help older persons achieve these tasks. Following are eight developmental tasks of later maturity. In the boxes on the right, explain why each developmental task is important for older adults.

Developmental Tasks of Maturity		**Why is it Important?**
1. Having adequate income	→	
2. Adapting to changes in job status	→	
3. Keeping own home	→	
4. Preserving social standing and reputation	→	
5. Acquiring meaningful relationships	→	
6. Discovering enriching and gratifying pastime activities	→	
7. Settling into new roles	→	
8. Accepting past and present life without regret	→	

Activity 6-2 • Sentence Completion

Directions

To review the information about the role of the caregiver for older adults, compete the following sentences. For each item below, write the word or words in the blank provided that best complete(s) the sentence.

1. On the average, a caregiver spends approximately ____________________ hours per week providing care for older persons.

2. Individuals caring for aging family members are especially prone to ____________________ ____.

3. Examples of informal caregivers generally include ____________________, ____________________, ____________________, and ____________________.

4. Examples of formal caregivers include ____________________ and ____________________.

5. The sandwich generation refers to ____ ____.

6. One example of ways corporations are helping employees with caregiving responsibilities includes ____ ____.

7. If feelings of stress are allowed to continue, the caregiver will develop continual feelings of stress that will affect ____________________, ____________________, and ____________________.

8. Feedback is ____.

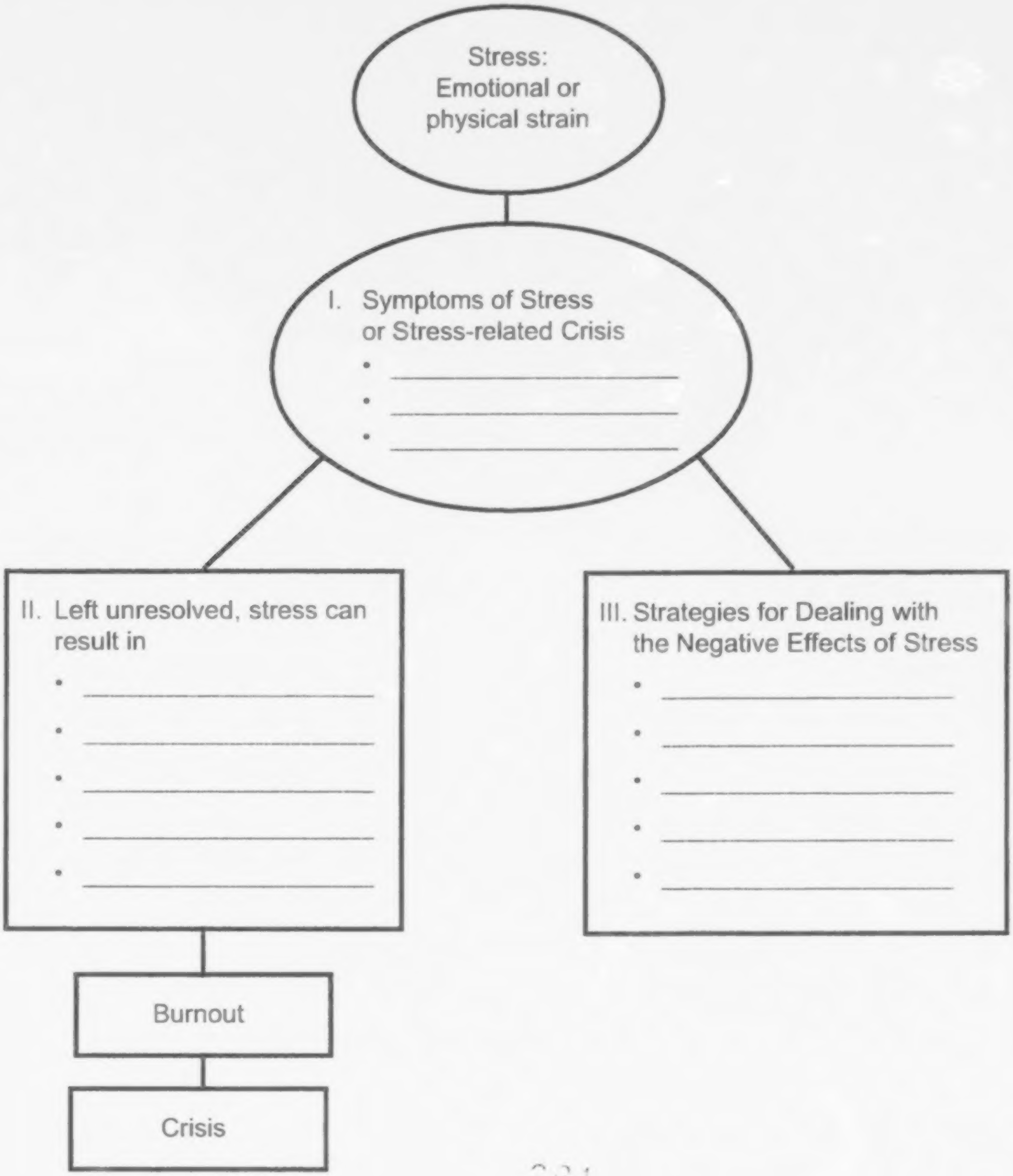
9. Encouraging groups to reminisce together can help older adults ____________________, ____________________, ____________________, and ____________________.

10. Triggers are used by caregivers to ____.

Activity 6-3 • Web Diagram

Directions

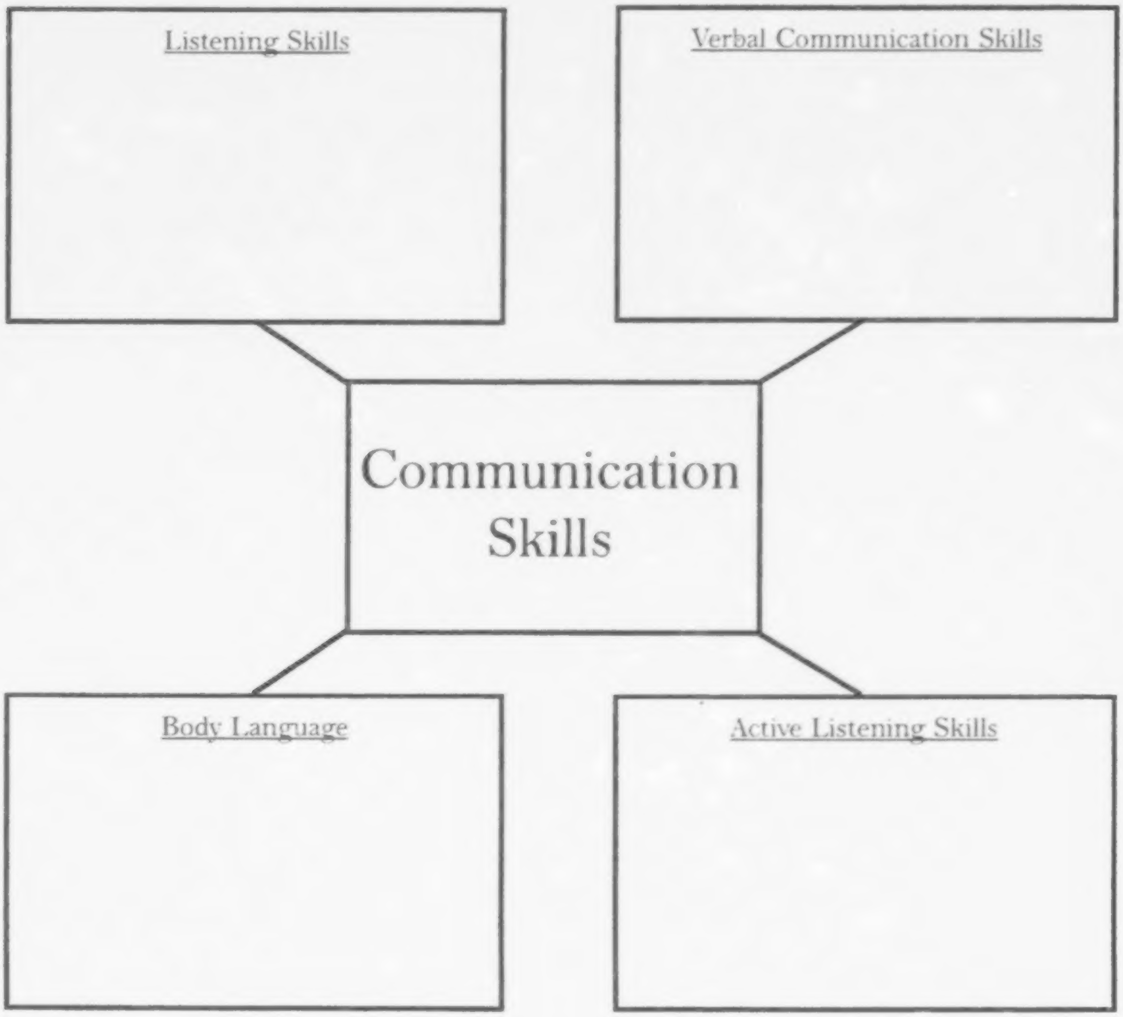
Stress from caregiving can affect many areas of the caregiver's life. Complete the following web diagram by writing the appropriate information in the blanks provided.


Stress: Emotional or physical strain
I. Symptoms of Stress or Stress-related Crisis
• ____________
• ____________
• ____________
II. Left unresolved, stress can result in
• ____________
• ____________
• ____________
• ____________
• ____________
III. Strategies for Dealing with the Negative Effects of Stress
• ____________
• ____________
• ____________
• ____________
• ____________
Burnout
Crisis

Activity 6-4 • Idea Graph

Directions

Effective communication skills are important keys to successful relationships with older adults. Compete the idea graph below by listing three ways each of these communication skills can be improved.


Listening Skills
Verbal Communication Skills
Communication Skills
Body Language
Active Listening Skills

Activity 6-5 • Multiple Choice

Directions

Define various caregivers' terms by completing the activity below. Place the letter of the best answer in the blank to the left of each item below.

_____ 1. Tasks that people learn best at particular points in their development are called _____________.
   A. caregiver tasks
   B. developmental tasks
   C. geriatric tasks
   D. statistical tasks

_____ 2. Family members and friends who provide care for older adults are called _____________.
   A. care managers
   B. formal caregivers
   C. informal caregivers
   D. supervising caregivers

_____ 3. Volunteers or paid care providers associated with a service system are called _____________.
   A. care managers
   B. formal caregivers
   C. informal caregivers
   D. supervising caregivers

_____ 4. Couples who find themselves between their children's and older adults' needs are considered to be in the _____________.
   A. baby boomer generation
   B. caregiver generation
   C. parenting generation
   D. sandwich generation

_____ 5. Groups differing from the majority of the population are called _____________.
   A. culture groups
   B. difference groups
   C. majority groups
   D. minority groups

_____ 6. Anger, isolation, fear, and resentment are all examples of _____________.
   A. burnout
   B. caring feelings
   C. illness
   D. stress-related feelings

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Activity 6-5 • Multiple Choice, cont'd.

_____ 7. This occurs as a result of excessive, prolonged stress or continual feelings of inadequacy pertaining to completion of expected tasks.
A. burnout
B. caring feelings
C. illness
D. stress-related feelings

_____ 8. When a stress-related crisis occurs, the pressure of stress is so great that the caregiver _____________.
A. becomes essentially immobilized
B. develops patterns of insomnia
C. has a loss of appetite
D. all of the above

_____ 9. _______________ is the process by which ideas, feelings, and information are shared.
A. body language
B. communication
C. feedback
D. response styles

_____ 10. A person who is specially trained to help older adults and their families in meeting their long-term care arrangements is a _____________.
A. care manager
B. geriatric care manager
C. formal caregiver
D. informal caregiver

Chapter 7

Management of Services in the Care of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 7:

9B Identify types of facilities and levels of care for older adults.

9G Describe management functions in facilities for older adults.

9H Determine technological business applications used in management of elder care facilities.

Introduction

The degree of caregiver involvement has remained fairly constant for more than a decade, bearing witness to the remarkable resilience of the American family in taking care of its family members. This is despite increased geographic separation, greater numbers of women in the workforce, and other changes in family life.

Activity 7-1 • True/False

Directions

Read each statement. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. If the statement is false, rewrite the statement making it a true statement.

T F 1. Adult Day Care services are community-based programs that provide medical, rehabilitative, and social services to older adults and persons with functional impairments.

T F 2. Senior centers offer free health care to older adults.

T F 3. The purpose of Adult Day Health Care is to restore or maintain optimal capacity for self care under the direct supervision of professional staff.

T F 4. Adult Day Support Centers are community-based programs that provide residential medical treatment and psychosocial services for functionally impaired adults.

T F 5. An Alzheimer Day Care Resource Center is a community-based program that provides residential long-term care for persons with Alzheimer's disease.

Activity 7-2 • Identification

Directions

To summarize the management of services in the care of older adults, read the following "What Am I" statements. After reading each item, write the correct term in the space provided.

1. I am a program that provides nonmedical care to persons eighteen years or older in need of supervision and assistance essential for sustaining the activities of daily living.
   What Am I?______________________________

2. I am a community-based residential home regulated by the state to provide twenty-four hour care for older and disabled adults.
   What Am I?______________________________

3. I offer a range of services to meet the individual care needs of older adults.
   What Am I?______________________________

4. I am a community-based residence that provides rooms, meals, help with activities of daily living, and some degree of protective supervision to its residents.
   What Am I?______________________________

5. I am the whole array of supportive services that help older adults live independently in their homes and communities.
   What Am I?______________________________

6. I am a multipurpose center that has become an important part of the Older Americans Act since its enactment in 1965.
   What Am I?______________________________

7. I offer a range of housing options and services to older adults at one location.
   What Am I?______________________________

8. I provide short-term service for older adults or people with disabilities while giving their caregivers relief.
   What Am I?______________________________

9. I give protective, personal, and custodial care to older adults who are dependent but still functioning at a good level.
   What Am I?______________________________

10. I am an advocate for residents of nursing homes, board and care homes, assisted living facilities, and similar adult facilities.
    What Am I?______________________________

Activity 7-3 • Creative Writing

Directions

Imagine you are an advocate for older adult residents of nursing homes, board and care homes, assisted living facilities, and other similar facilities. As an advocate, you have been assigned the duty of developing a "Bill of Rights" for older adult residents of such facilities. Write the "Bill of Rights" in the space provided.

Bill of Rights for Older Adults

Activity 7-4 • Sentence Completion

Directions

To review the information about the management of services in the care of older adults, complete the following sentences. For each item below, write the word or words in the blank provided that best complete(s) the sentence.

1. ____________________ of adult foster homes live in and share a common area with those in their care.

2. Costs for assisted living residences vary greatly and depend on ____________________, ____________________, ____________________, and ____________________.

3. Three types of Continuing Care Retirement Community agreements are ____________________, ____________________, and ____________________.

4. When selecting a nursing home, family members should consider ____________________, ____________________, ____________________, ____________________, and ____.

5. The responsibilities of the ombudsman is outlined in ______________________________ ________________.

6. One responsibility of an ombudsman is to ____ ____.

7. The number of staff employed at a care center depends on ____________________ and ____________________.

8. The person responsible for the overall operation of the care facility is the ____________________, ____________________, or ____________________.

9. Computer applications can assist care facilities with clinical documentation, such as ____________________, ____________________, and __________________________.

10. Technological applications can help care facilities manage financial records, such as ____________________, ____________________, ____________________, and ________________________.

Chapter 8

Physical Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 8:

5A Describe characteristics typical of the aging process.

5B Perform appropriate techniques for promoting independence among older adults with physical limitations.

5C Determine caregiver strategies appropriate to accommodate physical imitations of older adults.

5D Conduct physical activities appropriate for older adults.

5E Identify considerations when selecting appropriate housing, furnishings, clothing, and transportation for older adults at various levels of functioning.

Introduction

To better understand the behavior of the older person, it is necessary to know about the changes that normally occur in the body as people age. These physical changes can have an important effect on people's attitudes, self-concept, and ability to perform daily tasks. People age at different rates, and different tissues and systems within one person show differences in rates of aging as well. Therefore, while it is useful to discuss the average older person, it is important for the caregiver to keep in mind that the physical needs of older individuals vary.

The physical needs of older adults are basically the same needs of all people; however, these needs may have to be met in different ways. As aging occurs, a degree of independence may be lost. Some older people may need only minimal assistance, such as help with meals or reminders to take medication. Other older persons, who have had a severe illness, may need additional help with activities, such as bathing or dressing. Giving the necessary assistance in an understanding manner enables the older person needing physical help to remain independent.

Activity 8-1 • Matching

Directions

Match the body system with its appropriate characteristic in an older adult. Write the letter of the appropriate term in the blank to the left of the statement. Some letters may be used more than once.

Characteristics

_____ 1. Tissue breaks down and shrinks and is not as abundant

_____ 2. Valves become less flexible, thicken, and do not close as efficiently

_____ 3. Coughing or breathing deeply is impaired

_____ 4. Changes in absorption rate, taste, and smell of food

_____ 5. Flow of blood through the kidneys is often reduced

_____ 6. Muscles become less elastic

_____ 7. Walls thicken slightly in places

_____ 8. Lower digestive enzyme levels

_____ 9. Loss of muscle control contributes to bladder problems

_____ 10. General shrinking in body stature

Body Systems

A. cardiovascular system
B. digestive system
C. muscular system
D. respiratory system
E. skeletal system
F. urinary system

Activity 8-2 • True/False

Directions

Read each statement below. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. If the statement is false, rewrite the statement making it a true statement.

T F 1. Gray or thinning hair is one of the most noticeable distinctions of age.

____

T F 2. Body maintenance becomes easier with old age.

____

T F 3. Skin often becomes more elastic with old age.

____

T F 4. Varicose veins become more prevalent with old age.

____

T F 5. Proper exercise and diet can increase the life and productivity of the cardiovascular and respiratory systems.

____

T F 6. The digestive system does not experience change through the aging process.

____

T F 7. Loss of muscle control contributes to problems in the urinary system.

____

T F 8. The skeletal system does not age because bones cannot deteriorate.

____

T F 9. Muscle tissue breakdown, muscles becoming less elastic, and reflexes slowing down are all signs of an aging muscular system.

____

T F 10. The five senses are not affected as people grow older.

____

Activity 8-3 • Short Answer

Directions

Sensory changes can affect the behavior of older adults. It is important that caregivers be aware of the sensory changes that occur so that they can better assist the aging adult. The following items address sensory changes in older adults. Use the space provided to record your answers.

Vision

1. Describe changes that occur in the eye of the aging adult.

____

____

2. How do these changes affect vision?

____

____

3. Describe at least three different activities that may prove difficult for older adults due to changes in their vision. For each activity, provide one way that the caregiver can offer assistance.

a) ______________________________

b) ______________________________

c) ______________________________

Hearing

4. Describe the changes that cause hearing loss in older adults.

____

____

5. Describe one way in which the caregiver can assist an older adult that is affected with hearing loss.

____

____

Taste

6. Describe the changes that affect the sense of taste of older adults.

7. The loss of taste often affects the aging adult's willingness to eat. What is one factor that a caregiver should be aware of that may encourage an older adult to eat?

Smell

8. Describe the changes in the sense of smell that occurs in aging adults.

9. Give one way a caregiver can offer assistance to an older adult who no longer has a sharp sense of smell.

Touch

10. Describe the changes in the sense of touch that occurs in aging adults.

11. Provide one situation that could be a potential danger to an older adult who has lost some sense of touch. Describe how the caregiver can assist the adult in order to avoid injury.

Activity 8-4 • Application

Directions

For each body system or function listed below, list one measure to lessen the effect of physical changes on older adults.

1. Cardiovascular system:
2. Respiratory system:
3. Digestive system:
4. Urinary system:
5. Skeletal system:
6. Muscular system:
7. Vision:
8. Hearing:
9. Touch:
10. Taste and smell:

Chapter 9

Emotional Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 9:

6A Identify special emotional needs of older adults.
6B Summarize ways to alleviate insecurities and loss of dignity experienced by some older adults.
6C Describe techniques that promote emotional adjustments to losses.
6D Describe crisis management techniques.
6E Determine the impact of family support on the emotional well-being of older relatives.
6F Utilize caregiver techniques promoting positive emotional health of older adults.

Introduction

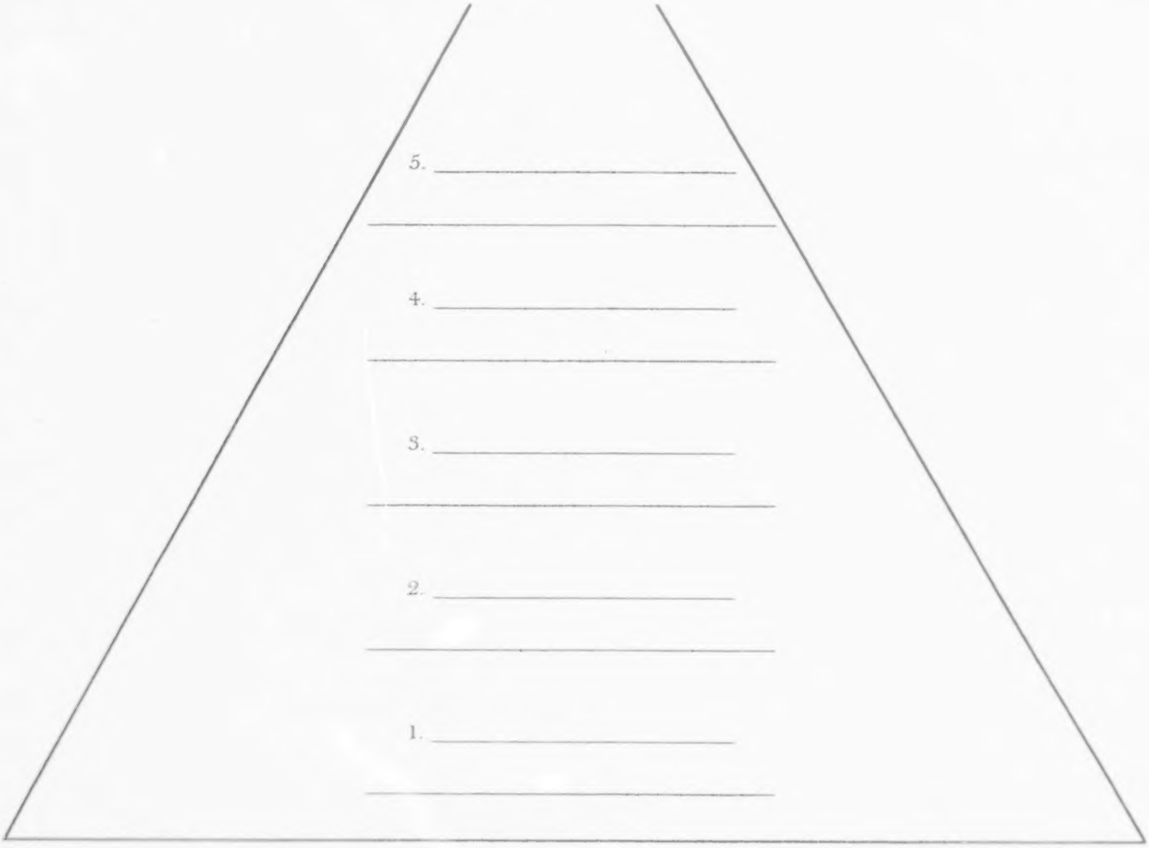
Problems encountered by older adults are similar to those of other adults: financial concerns, living conditions, family and peer relationships, physical illness, and the loss of a loved one. In addition, older individuals face the problems associated with retirement. Whether older adults look forward to retirement with the anticipation of enjoying life and doing what they have always wanted to do or whether they dread retirement with the anticipation of nothing to do, there is stress in the adjustment to a different lifestyle. The person involved in retirement might experience feelings of depression, anxiety, grief, paranoia, loneliness, dissatisfaction, or lack of self-respect. How well people are able to handle or cope with problems will often determine their emotional well-being. Most older individuals are able to cope very well with the changes that accompany aging by themselves or with the help of family members, friends, or an understanding caregiver.

Activity 9-1 • Application

Directions

Part I

Complete the chart of Maslow's hierarchy of human needs. Write the need on the numbered line. In the space below each numbered line, write a brief description of the need. Begin with the basic need at the base of the triangle and proceed up to the most advanced human need as ranked by Abraham Maslow.



Part II

For each need listed above, explain one way a caregiver can help an older adult meet that need.

5. ____

4. ____

3. ____

2. ____

1. ____

Activity 9-2 • Matching

Directions

Identify emotional problems of older adults by selecting the emotional feeling for both the emotional and physical symptoms. Place the letter of the emotional feeling in the space provided. The letters can be used more than once.

Descriptions

_____ 1. Decreased appetite and weight, constipation, heat palpitations, fatigue, slowing of movements, agitation

_____ 2. Sadness, feeling blue, crying spells

_____ 3. Increased pulse rate and blood pressure, frequency of urgent urination

_____ 4. Numbness, shortness of breath, tightness of throat, choking, sobbing, sighing, exhaustion, weakness, digestive upset, insomnia, and loss of appetite

_____ 5. Over concern for one's emotional health

_____ 6. Feelings of isolation due to language barrier or cultural differences

_____ 7. Insomnia, complaining, fatigue, hostility, pacing, inability to sit still, nervous mannerisms

_____ 8. Feelings of doubt, anxiety, suspiciousness; hallucinations can occur

_____ 9. Sense of unreality, feeling of increased distance from other people, guilt and hostile feelings

_____ 10. Physical complaints that have no medical basis

Emotional Feelings

A. anxiety
B. depression
C. grief
D. hypochondria
E. loneliness
F. paranoia

Activity 9-3 • Sentence Completion

Directions

To review the information about the emotional needs of older adults, complete the following sentences. For each item below, write the word or words in the blank provided that best complete(s) the sentence.

1. Encouraging older adults to remain as independent as possible is one way to meet their need for ______________________________.

2. When older adults outlive many of their friends and family members, it is important for them to make new friends and build new ______________________.

3. Keeping promises to do activities with older adults helps to give them feelings of ______________ ______________________.

4. Allowing older adults to help family members or friends solve problems or assist in decision making helps to meet their need for ______________________.

5. Encouraging older adults to continue learning new things and developing new interests contributes to their need for ______________________.

6. A gradual slowing down of physical functioning in older adults means the person can __________ ______________________.

7. ______________________ is the main source of income for half of all older persons in the United States.

8. Many older adults retire from a first career and then begin ____________________________.

9. Parting with possessions can be a traumatic experience for older adults because ______________ ______________________________________.

10. As with persons of all ages ______________________, ______________________, ______________________, and ______________________________________ contribute to sensory deficits in older adults.

Activity 9-4 • Letter Writing

Directions

Write a letter to an older adult who is trying to adjust to the loss of a spouse or close friend who has died or moved away. Explain how important it is for him or her to protect themselves from social isolation. Include in your letter specific suggestions for ways the older adult can remain involved with others.

Dear ____________________,

Chapter 10

Mental Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 10:

- 7A Differentiate between signs of aging and disease on mental abilities.
- 7B Describe mental disorders commonly associated with some older adults.
- 7C Analyze methods that caregivers can use to promote mental alertness.
- 7D Determine caregiver strategies appropriate to accommodate persons with mental limitations.
- 7E Determine techniques promoting independence among older adults with mental limitations.
- 7F Conduct appropriate intellectually stimulating activities to meet varying needs of older adults.

Introduction

Although some cognitive functions decline as a normal course of aging, most loss of functioning that is readily observable by family and friends has other causes and needs to be addressed by professionals. The most common late life mental health condition is depression, which is treatable under almost any circumstance.

Many people are afraid that growing old means losing the ability to think, reason, or remember. They worry when they feel confused or forgetful that these feelings are the first signs of senility. In the past, doctors often dismissed memory loss, confusion, or similar behaviors as a normal part of the aging process; however, experts now know that most people remain alert and capable as they age. They also know that people who experience changes in personality, behavior, or skills may be suffering from a form of brain disease called dementia.

Activity 10-1 • Flow Chart

Directions

The flow chart below will help you to review the stages and progression of Alzheimer's disease. Complete the flow chart by filling in the information missing from the numbered boxes.

1. Alzheimer's disease is:

2. ______________, ______________, and ______________ are affected with the progress of the illness.

3. The first symptom is:

4. The decrease in short-term memory is contrasted by:

5. Two other characteristics of early stage Alzheimer's are __________ and ______________.

6. Abstract ______________ and ______________ weaken.

7. With the progression of the disease __________, ______________, and ______________ become problems.

8. The later stages of the disease are identified by:

9. Persons with later stages of Alzheimer's disease are characteristically __________, __________, __________, and __________.

10. The life expectancy for a person diagnosed with Alzheimer's disease is ______________.

Activity 10-2 • Identification

Directions

Identify the appropriate care needed for the mildly confused older adult and the very confused older adult by completing the chart below. Read the type of care needed. Place an "X" in the space provided to indicate the type of person needing the care.

Care Needed	Type of Person Needing Care	
	MILDLY CONFUSED	**VERY CONFUSED**
1. Help the person to be independent.		
2. Tell the person who he or she is.		
3. Remind the person that he or she does not have to go to work.		
4. Remind the person of a relative that is about to have a birthday or special holiday, etc.		
5. Remind the person to take medication at proper time.		
6. Remind the person to stick to a schedule or routine.		
7. Remind the person that he or she is not living in the past.		
8. Remind the person to follow doctor's orders.		
9. Do not leave the person alone.		
10. Keep a watchful eye on the person.		

Activity 10-3 • Matching

Directions

Match the following terms with their descriptions. Write the letter of the appropriate term in the blank to the left of the statement. Some letters may be used more than once.

A. Alzheimer's disease
B. confusion
C. dementia
D. functional disorders
E. long-term memory
F. multi-infarct dementia
G. organic disorders
H. reality orientation
I. short-term memory

_____ 1. Varies from a mild state of disorientation to a failure to remember where they are

_____ 2. The ability to retain information from a second to a few minutes

_____ 3. Related to one's life and personal experiences

_____ 4. Also known as organic brain syndromes and are often reversible

_____ 5. This condition accounts for about 20 percent of the irreversible cases of mental impairment

_____ 6. Also known as secondary memory

_____ 7. Accounts for 50 to 60 percent of all older persons with mental impairment

_____ 8. A group of symptoms that usually are caused by changes in the normal activity of very sensitive brain cells

_____ 9. Calling a person by name and reminding the person of your name and the names of others

_____ 10. High fever, poor nutrition, adverse medication reactions, and minor head injuries can mimic this disorder

Directions

Review your knowledge of the mental needs of older adults by answering the following questions.

1. What is dementia? ______

2. Define Alzheimer's disease. ______

3. Name two kinds of mental disorders.
   a) ______
   b) ______

4. Describe the difference between the needs of the mildly confused and those of the very confused.

5. What are three types of memory?
   a) ______
   b) ______
   c) ______

6. What are three causes of confusion?
   a) ______
   b) ______
   c) ______

7. What is reality orientation? ______

8. What are two ways to carry out reality orientation to minimize confusion?
   a) ______
   b) ______

Activity 10-4 • Short Answer, cont'd.

9. What are some ways to help people avoid mental disorders? ____________________

10. What may someday be used to help prevent or reverse the damage done to the brain by Alzheimer's disease and other related diseases? ____________________

Chapter 11

Social Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 11:

8B Summarize theories associated with social changes of aging.

8C Identify ways to meet the social needs of older adults.

8D Point out factors influencing the social needs of older adults.

Introduction

During the experiences of life, people are usually expected to perform many different social roles under various circumstances. These may include the role of spouse, parent, grandparent, friend, employee, or active church member. As people age, there is a gradual reduction in these social roles, and feelings of alienation or of not belonging may result. The caregiver can be of great help by encouraging participation in or even helping provide social activities for older individuals.

Activity 11-1 • Matching

Directions

Review theories associated with social changes of old age by completing the following activity. If the statement supports the Activity Theory, place the letter A in the space provided. If the statement supports the Disengagement Theory, place the letter D in the space provided.

A = Activity Theory
B = Disengagement Theory

_____ 1. Older people have an inner desire to maintain the activities that they may be forced to give up.

_____ 2. Social changes of older adults represent a gradual separation from family, friends, and the community.

_____ 3. A series of separations helps gradually prepare one for death.

_____ 4. Some reduction in activity is expected with age, but maintaining activity is also expected.

_____ 5. Parents become less interested in the activities of their offspring.

_____ 6. Declines that occur in activity are associated with a lower level of satisfaction, contentment, and happiness.

_____ 7. As social changes progress, grown children no longer need their parents.

_____ 8. As changes progress, society no longer needs the retired worker or a semi-active homemaker.

_____ 9. People who age most successfully maintain a high degree of involvement in life.

_____ 10. As they age, persons become less interested in what occurs in society.

Directions

Types of roles that give meaning to life in the later years are those involving relationships with family, friends, and memberships in various social, religious, or political organizations. In the space provided below, finish the letter to a newspaper advice columnist about an older adult with whom you are acquainted who has taken an active part through one or more of the following:

- friendships
- organizational membership
- religious involvement
- political involvement

Dear Helpful Adviser:

Some people think that when people get old, they become inactive and uninterested in the world outside themselves. I know that is not always true because I know someone who is a good example of how an older adult can still find meaning in life through being active.

Activity 11-3 • Short Answer

Directions

For each area below, list at least two ways in which older adults can adjust to changes in social activities and roles by becoming involved.

1. Service projects: ______________________________
____
____

2. Social groups: ______________________________
____
____

3. Religious activities: ______________________________
____
____

4. Local school involvement: ______________________________
____
____

5. Social events: ______________________________
____
____

6. Writing activities: ______________________________
____
____

7. Telephoning and taking messages: ______________________________
____
____

8. Entertaining: ______________________________
____
____

9. Transportation: ______________________________
____
____

Activity 11-4 • True/False

Directions

Read each statement below. If the statement is true, circle the letter T to the left of the sentence. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. The caregiver can best help an older adult adjust to changes in social roles by helping them to remain involved.

T F 2. The caregiver should encourage involvement in relationships, organizations, and activities.

T F 3. Community service projects are too tedious and time consuming for an older adult to get involved in.

T F 4. Older adults should avoid participating in political activities.

T F 5. Bible study, gardening, and reading circles are examples of social groups for older adults.

T F 6. Devotions and prayers are not very important to most older adults.

T F 7. It is becoming a growing trend to involve older adults in local schools.

T F 8. The caregiver should not assist an older adult in writing letters to friends or family because they should be independent.

T F 9. The caregiver can help the older adult keep a birthday file so friends and relatives are not forgotten.

T F 10. The caregiver should follow the wishes of the older adult when organizing and making plans for social functions.

Activity 11-5 • Research

Directions

Use the Internet and other resources to complete the chart below. Your assignment is to identify organizations in which an older adult may become involved, the primary purpose of the organization, and its Web address (when applicable).

Older Adult Organizational Membership

Organization	Purpose	Web Address

Chapter 12

Financial Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 12:

1B Describe characteristics and care needs of older adults.
1C Identify laws, trends, and issues affecting older adults.
1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.

Introduction

Financial resources affect older adults in all areas of living. Social security benefits alone will not cover the costs of living. Medicaid and Medicare, government-sponsored programs that help pay medical expenses, are often not adequate. Many pension and retirement plans are not always able to meet the increased financial needs caused by inflation.

A lack of basic money management skills can create costly mistakes. Planning for a secure future involves the ability to make sound and informed financial decisions when buying food, clothing, housing, medical services, or any other basic expenses.

Activity 12-1 • True/False

Directions

Read each statement below about economic security for older adults. If the statement is true, circle the letter T to the left of the sentence. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. More than 70 percent of all older adults with incomes below the poverty level are men.

____

T F 2. Most older widows now living in poverty have been poor all of their adult lives.

____

T F 3. The primary source of income for older women living as widows will be the pension plans of their deceased husbands.

____

T F 4. In Texas, people over sixty-five have generally done better financially in each of the post World War II decades.

____

T F 5. According to the U.S. Census Bureau, approximately 14 percent of Texans sixty-five and older are still below the poverty level.

____

T F 6. Social Security pays the average person 80 percent of their earnings when they retire at age sixty-five.

____

T F 7. Only one-third of people now employed try to learn how they must save to achieve a comfortable retirement.

____

T F 8. Pensions are funds paid to retired employees who paid into a pension fund while they were employed.

____

T F 9. To be eligible for a pension fund, it does not matter how long an employee worked for a company.

____

T F 10. As people grow older, their major concerns tend to revolve around safety, security, and health.

____

Activity 12-2 • Puzzle

Directions

Describe the types of federal programs designed to give assistance to older adults. Read each statement below and write the missing words in the spaces provided.

1. A federal program designed to give retired or disabled individuals some source of income

☐☐☐☐☐☐■☐☐☐☐☐☐☐☐

2. The only federal agency dedicated to planning and delivering services to older Americans

☐☐☐☐☐☐☐☐☐☐☐☐☐☐■☐☐■☐☐☐☐☐

3. A program whose purpose is to help provide extra income to people who are sixty-five or older, blind, or disabled

☐☐☐☐☐☐☐☐☐☐☐☐■☐☐☐☐☐☐☐☐■
☐☐☐☐☐☐

4. A federal program that helps older people (sixty-five and older) in paying their medical bills

☐☐☐☐☐☐☐☐■☐☐☐☐☐☐☐☐

5. Designed by the federal government as a state program to help those who need and qualify for medical assistance

☐☐☐☐☐☐☐☐

Directions

Answer the following questions about life insurance.

1. What are five examples of ways that proceeds of life insurance may be used following the death of the insured?

2. Why is it wise that the purchaser of insurance not be rushed into a buying decision?

3. What is a "free look" period?

4. What are three valuable sources of information for an older adult who is interested in purchasing life insurance?

5. What are three steps to a sound life insurance plan?

Activity 12-4 • True/False

Directions

Read each statement about health and long-term care insurance. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. It is important that the older adult have adequate health insurance coverage for medical expenses.

T F 2. Access to affordable health insurance is often tied to employment and marital status.

T F 3. Older women are more likely to work part-time and in businesses that do not offer health insurance benefits.

T F 4. Managed care combines health insurance with the delivery and care and provides an alternative to traditional indemnity insurance.

T F 5. HMO's are the only model of a managed care organization.

T F 6. Sales of long-term care insurance policies have dropped tremendously in recent years.

T F 7. About 66 percent of the many Americans currently receiving long-term care live in long-term care facilities (nursing homes) or similar facilities.

T F 8. For most long-term care insurance policies, benefits start after a person has demonstrated an inability to perform at least two activities of daily living, such as bathing, dressing, eating, or going to the bathroom.

T F 9. Private long-term care insurance is affordable for most older adults.

____

T F 10. The younger a person is, the less expensive the policy for long-term care insurance will be overall.

____

Activity 12-5 • Sentence Completion

Directions

Each of the following statements are incomplete. Complete the sentences to review the health costs for older adults and the Daily Money Management service.

1. As the older adult experiences some of the stages of aging, regular health care costs ________________.

2. More and more money is needed for medical and ________________ ________________.

3. If the older adult needs assistance of a home health nurse or attendant ________________ ________________.

4. Costs of hospital and other medical services continue to ________________ ________________.

5. The cost of prescription drugs has put needed medicine ________________ ________________.

6. Daily Money Management is a service that ________________ ________________.

7. DMM enables older adults to retain ________________ ________________.

8. In some cases, DMM may be ordered by the court, but ________________ ________________.

9. DMM has generally been provided by ________________ ________________.

10. Most daily money managers charge an hourly fee for their services which ________________ ________________.

400

Chapter 13

Clothing Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 13:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
5E Identify considerations when selecting appropriate housing, furnishings, clothing, and transportation for older adults at various levels of functioning.

Introduction

As a person ages, agility usually decreases. Proper clothing for this time in life is vitally important to one's overall well-being and is receiving greater attention from older consumers, caregivers, and others who work with this age group. Emphasis is being placed on helping older adults make good clothing choices.

Attractive clothing that fits well is important for older consumers, but they also desire clothing that improves functional independence, offers ease in dressing and undressing, provides physical and thermal comfort, remains adaptable for individual needs, and contributes to ease in performing routine tasks.

Activity 13-1 • Matching

Directions

Clothing needs of older adults change in relation to changes in their physiological, sociological, and psychological needs. Determine whether each statement below relates to physiological, sociological, or psychological factors. Place the letter representing the related factor in the blank to the left of each sentence.

A. Physiological
B. Sociological
C. Psychological

_____ 1. Many older adults lead active social lives, and like younger people, want to be fashionable and maintain a good personal appearance.

_____ 2. Older adults often experience an increase in weight and fat deposits around the waist, stomach, and hips.

_____ 3. Society usually defines what is appropriate dress for different age groups.

_____ 4. The aging body tends to grow shorter and a stooped posture becomes noticeable.

_____ 5. An older woman wearing a bikini would be considered inappropriate.

_____ 6. Selection of appropriate clothing can promote a good self-image and self-concept.

_____ 7. Due to physical changes in the body, the caregiver must pay special attention in selecting clothing for the older adult to minimize less attractive features.

_____ 8. Being nicely dressed helps with personal morale and adds to a sense of responsibility.

_____ 9. Arthritis patients find it increasingly difficult to pull on some garments and manage closures, such as buttons and zippers.

_____ 10. Standards in dress for an individual vary with age, sex, social status, geographic location, occupation, and economic level.

Activity 13-2 • True/False

Directions

Read the following statements regarding the selection and coordination of clothing for the older adult. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. The caregiver for the older adult should always select the older adult's clothing.

T F 2. If the older adult is allowed to select his or her own clothing, it gives the person a sense of identity and independence.

T F 3. Some older adults are color blind which makes it difficult to mix and match colors that achieve attractive color schemes.

T F 4. The weather should be the main consideration when the older adult describes what he or she wants to wear each day.

T F 5. The caregiver can help the older adult extend a small or limited wardrobe by the smart use of accessories.

T F 6. The color a person wears is very powerful and can affect one's mood, feelings, and looks.

T F 7. The care provider should be aware of the older adult's needs and activities each day before making any suggestions for their clothing needs.

T F 8. If a person wears the color black, the feelings that are being projected are those of being cool and calm.

T F 9. Color can also draw attention to or away from a particular part of the body and make that part of the body appear larger or smaller.

T F 10. Red is considered a vibrant color and can make one feel full of energy.

Activity 13-3 • Fill-in-the-Blank

Directions

Complete the following statements related to features to look for when selecting clothing for the older adult. Supply the missing letters in the blanks provided. Some of the letters of the words have been filled in.

1. Choosing good designs, especially in __ e __ __ y to w __ __ __ clothes, is important for maximizing a limited wardrobe.

2. __ __ a __ t __ __ waists offer convenience and greater comfort.

3. The fabric best suited for an older adult should be able to withstand __ t __ __ __ n and a __ __ __ s __ __ __ but must also be __ __ __ f __ __ __ a __ __ __.

4. __ __ s __ __ __ e __ __ affect how easily clothing can be put on and removed.

5. The __ __ p __, __ __ __ a __ __ o __, and s __ __ __ of fasteners will determine how easily clothing can be put on and taken off.

6. Types of fasteners that can easily be managed by an older adult include __ __ p __ e __ s, __ __ g __ __ t __ __ fasteners, and __ __ __ p - __ __ shoes rather than __ __ c __ - __ p s.

7. __ e __ __ g __ is another feature to consider when selecting clothing for an older adult.

8. The design of a garment can make dressing and undressing either __ __ s __ __ __ or more d __ __ __ __ __ u __ __ for an older adult.

9. Another feature the caregiver should be aware of is the __ __ m __ o __ __ of clothing.

10. __ a __ __ t __ and __ o __ __ are two other features to consider when assisting an older adult with clothing selections.

Activity 13-4 • Internet Research

Directions

Search the Internet to locate three Web sites that offer adaptive clothing for older adults. Write the name of the company and the Web site location in the blanks provided. Then provide examples of the types of clothing modifications available to assist older adults, or those with disabilities, such as wheelchair-bound, to be more self-sufficient in dressing.

1. Company Name: ____________________

   Web address: ____________________

   Examples of adaptive clothing for seniors: ____________________

   ____

   ____

   ____

   ____

2. Company Name: ____________________

   Web address: ____________________

   Examples of adaptive clothing for seniors: ____________________

   ____

   ____

   ____

   ____

3. Company Name: ____________________

   Web address: ____________________

   Examples of adaptive clothing for seniors: ____________________

   ____

   ____

   ____

   ____

Activity 13-5 • Sequencing

Directions

Read the list of basic steps to good laundering. Arrange the steps in order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number of 2 to the left of the second step, and so on up to number 7 - the seventh step. Not all blanks will have a number.

_____ 1. Wash all clothes in hot water.

_____ 2. Sort clothes.

_____ 3. Select appropriate washing temperatures.

_____ 4. Never iron cotton fabric.

_____ 5. Wash all types of clothes together.

_____ 6. Read care label.

_____ 7. Select laundry products.

_____ 8. All clothes must be pressed.

_____ 9. Wash clothes.

_____ 10. Mend clothes.

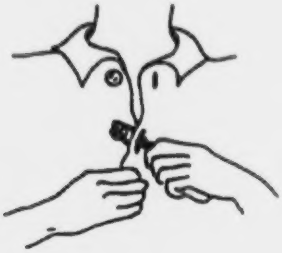
_____ 11. Dry clean all clothes.

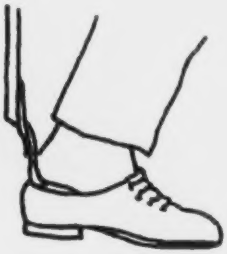
_____ 12. Pretreat stains.

Activity 13-6 • Identification/Description

Directions

Self-help aids make getting dressed easier for older adults. Identify each of the self-help aids shown below by writing its name in the blank beside each number. In the spaces below the number, write a brief description of the purpose of the self-help aid.





1. ______________________________

____

____

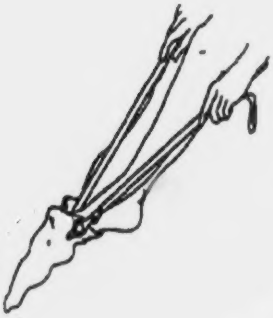
____

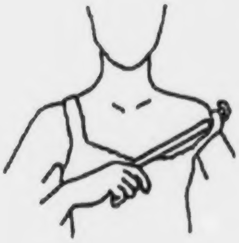
2. ______________________________

____

____

____





3. ______________________________

____

____

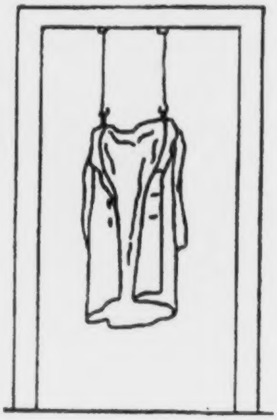
____

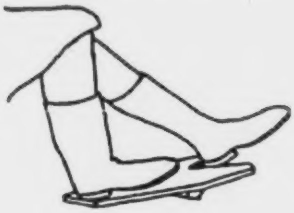
4. ______________________________

____

____

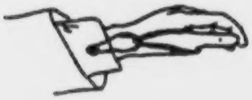
____





5. ______________________________

6. ______________________________



7. ______________________________

Chapter 14

Housing Needs of the Older Adult

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 14:

1G Analyze the influences of technology on the health care and lifestyle of older adults.

1H Identify resources for addressing the various needs of older adults.

5E Identify considerations when selecting appropriate housing, furnishings, clothing, and transportation for older adults at various levels of functioning.

11E Propose housing adaptations for the special needs of older adults.

Introduction

Housing needs for older adults will change as their personal situations change. An older person or couple living in a once fully occupied two or three bedroom house may need more manageable living quarters. Physical capability may require a setting with built-in services. Changing neighborhoods may require a move to an area where the older adult can continue to maintain independent living.

Several housing alternatives are available to older adults, ranging from totally independent living arrangements to arrangements for the most sheltered housing. Each type of housing has its advantages and disadvantages.

Safe and suitable housing is important to all persons, but it is especially significant to the older individual. Security is critical to the maintenance of morale and feelings of independence that characterize successful aging. Special design features can be incorporated into housing for older individuals that will enable them to manage their own activities much more successfully.

Activity 14-1 • Writing

Directions

Write a brief paragraph explaining how housing alternatives of older adults can affect the duties of the caregiver.

Activity 14-2 • Short Answer

Directions

Answer the questions below regarding considerations of older adults when choosing housing.

1. List five reasons an older adult might have for staying in the same living arrangement.
   (1)
   (2)
   (3)
   (4)
   (5)

2. List five reasons an older adult may want to move to a different living arrangement.
   (1)
   (2)
   (3)
   (4)
   (5)

3. List three advantages and three disadvantages of renting an apartment.

Advantages	Disadvantages
(1)	(1)
(2)	(2)
(3)	(3)

4. List three advantages and three disadvantages of owning a home.

Advantages	Disadvantages
(1)	(1)
(2)	(2)
(3)	(3)

5. In your own words, describe the meaning of the following statement:
   "Housing is not just a roof over a person's head – it is a pattern of living."

Activity 14-3 • Multiple Choice

Directions

Review the different housing options available to older adults by completing the following activity. For each item below, place the letter of the best answer in the blank to the left of the item.

_____ 1. ______ for older adults offer a totally independent pattern of living in an organized setting.
A. adult foster homes
B. ECHO housing
C. retirement communities
D. shared housing

_____ 2. ______ are community based residential homes regulated by the state that provide twenty-four hour care for older and disabled adults.
A. adult foster homes
B. board and care homes
C. mobile homes
D. retirement communities

_____ 3. A ______ is a community based residence that provides room, meals, help with activities of daily living, and some degree of protective supervision to residents.
A. board and care home
B. HUD home
C. long-term care facility
D. retirement community

_____ 4. ______ is the fastest growing type of housing option and provides a way for meeting the personal and supportive care needs of older adults and adults with disabilities.
A. assisted living
B. ECHO housing
C. HUD housing
D. shared housing

_____ 5. ______ provides adequate, affordable housing for older adults and is usually owned by a public or private agency rather than any one resident.
A. board and care home
B. condominiums
C. ECHO housing
D. shared housing

_____ 6. In ______, an apartment or unit is purchased within a framework of a high-rise apartment building or a complex of buildings.
A. condominiums
B. ECHO housing
C. HUD housing
D. long-term care facilities

_____ 7. ______ are affordable, energy efficient, and well constructed manufactured homes that are found in communities that cater to older adults.
A. assisted living homes
B. board and care homes
C. condominiums
D. mobile homes

_____ 8. ______ provides federally sponsored, age segregated, public housing units; rent supplement programs; mortgage insurance; and other housing assistance programs.
A. adult foster homes
B. ECHO housing
C. HUD housing
D. shared housing

_____ 9. ______ give protective, personal, and custodial care to the older adults who are dependent but still functioning at a good level.
A. adult foster homes
B. board and care homes
C. long-term care facilities
D. retirement communities

_____ 10. ______ is a housing arrangement that offers older adults an opportunity to live within close proximity to individuals who can help them maintain independence and privacy.
A. assisted living
B. ECHO housing
C. long-term care facilities
D. retirement facilities

Activity 14-4 • Analysis

Directions

Determine an advantage and a disadvantage for each housing option available to older adults. Write the answers in the appropriate column on the chart below.

Housing	Advantage	Disadvantage
1. Retirement community		
2. Condominiums		
3. Adult foster homes		
4. Board and care homes		
5. Assisted living		
6. Shared housing		
7. Mobile homes		
8. HUD (low income housing)		
9. ECHO housing		
10. Long-term care facilities		

Activity 14-5 • Sentence Completion

Directions

Review the special design features that can be incorporated to aid older adults in their homes. Read each statement and select the most appropriate answer to complete the sentence from those listed below. Write the answers in the blanks provided.

commodes
contrasting
doorways
eighteen
glare
grab bars
handrails
increased
nonslip
sixty-three
table
washable

1. ________________ and ________________, seats in the bathtub or shower, and lever handles may make the home more suitable to the older person's needs.

2. Enlarging ________________ to allow wheelchair access, though expensive, may still be more economical than moving.

3. ________________ should be slightly higher than normal.

4. Readily ________________ surfaces with no dust-catching projections are especially conducive to easy maintenance.

5. Shelves should be no lower than ________________ inches above the floor and no higher than ________________ inches.

6. ________________ should be eliminated as much as possible because it has an adverse affect on the vision of the older person.

7. Artificial lighting should be ________________ and uniformity distributed.

8. Floor finishes of the ________________ variety should be utilized for safety.

9. Electrical outlets at ________________ level prevent bending over.

10. Strong ________________ colors and textures improve depth perception for those with vision impairments.

Chapter 15

Transportation Needs of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 15:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
5E Identify considerations when selecting appropriate housing, furnishings, clothing, and transportation of older adults at various levels of functioning.

Introduction

Transportation for the older adult population often represents a major problem. Some older adults live in urban areas. Mass transit services are inadequate for their needs, such as shopping, getting to doctors' offices, or the hospital. As older people age, many become less mobile and are no longer able to meet requirements for a driver's license. Inadequate transportation also hinders them from engaging in comparative shopping or shopping at stores having sales. Older persons are often forced to shop at neighborhood stores where the prices may be higher. Caregivers can assist older adults with transportation needs by chauffeuring them to and from such things as appointments and stores, or by suggesting public transportation if it is available.

Activity 15-1 • Short Answer

Directions

Answer the following questions to explain why caregivers have a special responsibility if driving is part of the job.

1. What three sources of transportation may caregivers operate?

2. Before operating any vehicle, what must the caregiver possess?

3. What does the term ***liable*** mean?

4. If the caregiver is driving his or her own personal vehicle and has an accident, who is liable for any damages?

5. If the caregiver is driving the older person's vehicle and has an accident, who is held liable for any damages or injuries?

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Activity 15-2 • Matching

Directions

Review the different types of transportation available to older adults by completing the matching exercise below. Place the letter of the type of transportation in the blank to the left of the most appropriate description. Some transportation types may be used more than once.

Descriptions

_____ 1. In some communities, offers transportation for older adults to doctors, clinics, and rehabilitation services

_____ 2. Usually operate on a fixed route and schedule

_____ 3. Provide convenience of pick up and delivery at any destination; are often costly

_____ 4. Are wheelchair accessible and usually equipped with automatic steps or lifts for persons with disabilities

_____ 5. May include both day and week or longer trips

_____ 6. Offer the older person an inexpensive way to travel and sightsee, while enjoying the outdoors

_____ 7. Are often planned especially for older adults and cater to their needs

_____ 8. This form of mass transit may be uncomfortable and may create an inconvenience

_____ 9. Often offered through the city, hospitals and rehabilitation centers, or by a volunteer ambulance corps

_____ 10. The most common form of public transportation

Types of Transportation

A. city buses

B. group tours

C. health cabs or vans

D. Red Cross transportation

E. taxis

F. travel trailers

Activity 15-3 • Scenario

Directions

Mr. Gomez has volunteered to work at a hospital information desk on Tuesday and Thursday mornings. In the spaces provided, list five suggestions you would offer Mr. Gomez about riding on public transportation.

1. ____

2. ____

3. ____

4. ____

5. ____

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Directions

Analyze advantages and disadvantages for an older adult using each of the following forms of transportation. Write answers in the appropriate boxes.

Transportation	Advantage	Disadvantage
1. City buses		
2. Taxis		
3. Transportation services		
4. Group tours		
5. Travel trailers/campers		

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Chapter 16

Nutritional Requirements and Needs of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 16:

8A Identify the functions and sources of nutrients.
8B Apply principles of nutrition to meet the daily food requirements of older adults.
8C Identify common dietary deficiencies and disorders associated with older adults.
8D Determine available technology that aids in dietary modifications for older adults.
8E Analyze factors affecting diets and eating practices of older adults with special needs.
8F Summarize food preparation and service techniques that facilitate retention of nutrients.
8G Propose methods to enhance older adults' independence in meal preparation.
8H Appraise food and nutrition resources.

Introduction

Nutrition is extremely important for older adults. In fact, it may be more important at this stage of life than at any other because of aging body systems, more prevalent chronic disorders, and an increased use of medication. Older adults are faced with a dilemma in terms of their diet because their energy or calorie requirements are lessened due to decreased physical activity while their nutrient levels remain the same as for other adults. Therefore, it is essential that the diet of an older person be nutrient dense. In other words, the older person must consumer fewer calories, yet eat foods high in nutritive value.

Activity 16-1 • True/False

Directions

Read the following statements about basic nutritional needs of older adults. If the statement is true, circle the letter T to the left of the sentence. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. The older adult needs to consume more calories while eating foods high in nutritive value.

T F 2. A healthy diet provides the body with energy, strength, and the capacity to resist infection and disease.

T F 3. Older adults who are ill have special nutritional needs, but those who live independently have the same nutritional needs as they always have.

T F 4. Everyone needs the same nutrients, but the quantity needed by each person differs depending upon age, sex, body, size, and activity level.

T F 5. No one food contains all of the nutrients necessary for the body to function effectively.

T F 6. A balanced diet is one that contains recommended servings from the five major food groups.

T F 7. Foods in the "extra" food groups category are good sources of nutrients.

T F. 8. The recommended daily amount of vegetables for older adults is one to two servings.

T F 9. Foods from the meat, poultry, fish, dry beans, eggs, and nuts group can be purchased more economically than from other groups.

____

T F 10. Ice cream is categorized in the milk, yogurt, and cheese group.

____

Activity 16-2 • Short Answer

Directions

Write in the recommended servings for an older adult for each of the five food groups. Give three examples of what such a serving in each group might consist of.

1. **Bread, Cereal, Rice, and Pasta Group**
   Recommended servings:
   Examples: •
   •
   •

2. **Vegetable Group**
   Recommended servings:
   Examples: •
   •
   •

3. **Fruit Group**
   Recommended servings:
   Examples: •
   •
   •

4. **Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group**
   Recommended servings:
   Examples: •
   •
   •

5. **Milk, Yogurt, and Cheese Group**
   Recommended servings:
   Examples: •
   •
   •

Activity 16-3 • Short Answer

Directions

Review factors that influence the food intake of older adults by completing the following activity. Write your responses in the spaces provided.

1. What kinds of factors commonly influence the food intake and nutritional status of older adults?

2. List three examples of physiological changes that can influence food intake of older adults.
   (1)
   (2)
   (3)

3. List three examples of physical factors that can influence food intake of older adults.
   (1)
   (2)
   (3)

4. List three examples of psychological factors that influence food intake of older adults.
   (1)
   (2)
   (3)

5. List three social factors that influence the nutritional status of older adults.
   (1)
   (2)
   (3)

Activity 16-4 • Word Scramble

Directions

Unscramble the words in the following sentences to review dietary deficiencies and diseases. Write the unscrambled word on the blank to the left of each statement.

1. ____________________ Vitamin C, or CBRSOACI DCIA, should be eaten daily to help keep bones, teeth, and gums healthy.

2. ____________________ Among older adults, doctors are finding more cases of KRISTEC, a bone deficiency disease caused by insufficient levels of calcium.

3. ____________________ OETRSSIOOPSO, a loss of bone, has long been associated with low levels of calcium.

4. ____________________ Hardening of the arteries, or RSCISSOHATROLEE, is caused by a build up of fatty or fibrous material on the inside wall of blood vessels.

5. ____________________ More Americans over the age of forty die from RSCADARVILUCAO ASIDSEE than from any other illness.

6. ____________________ The fatty or fibrous material that builds up on the inside wall of blood vessels is called QAPEUL.

7. ____________________ It is estimated that one-third to one-half of the health problems experienced by older adults are RUTTOININ related.

8. ____________________ The most common dietary deficiencies that older adults experience are related to low intake of iron, Vitamins A and C, and LAUICMC.

9. ____________________ Vitamin A helps to resist respiratory infections and to ward off HTGIN SEILDNNSB.

10. ____________________ Plaque contains an odorless, soft, fat-like substance called RELCSLOOHET

Activity 16-5 • Sentence Completion

Directions

Select the most appropriate word from the list to complete each sentence related to health, digestion, and metabolism. Write the word(s) in the blank.

absorption
calories
digestion
digestive system
gallbladder
ingestion
liver
metabolic rate
metabolism
salivary glands

1. ______________________ means taken into the body by swallowing.

2. ______________________ is the process that the body goes through to break foods down into microscopic pieces.

3. The ______________________ is the body system that is responsible for the breakdown of ingested foods into microscopic pieces.

4. The ______________________ produce saliva which helps to break down foods that are chewed.

5. The ______________________ secretes a substance called bile into the small intestine that helps break down fats.

6. After food is digested, it is ready for ______________________, or the taking in of nutrients into the body tissues and body fluids

7. The process of nutrients being changed into energy is called ______________________.

8. The energy values of food are called ______________________.

9. The ______________________ produces, modifies, and stores nutrients and chemicals needed by the body.

10. Basic ______________________ is the rate of energy need that a person's body requires when at rest.

Activity 16-6 • Calculations

Directions

Use the formula for calculating calorie requirements in Figure 16.2, page 166 of the *Services for Older Adults Reference Book* to calculate answers to the following questions. Write your answers in the spaces provided. (Round off at each step to the nearest tenth.)

1. Mr. Lopez weighs 190 lbs. What is his basic metabolic rate?

   ____

2. Mrs. Ling weighs 140 lbs. What is her daily minimum calorie requirement?

   ____

3. Mr. Franco weighs 205 lbs. His wife weighs only 125 lbs. How many more minimum calories does Mr. Franco require than his wife?

   ____

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Chapter 17

Menus and Diets Appropriate for Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 17:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
10E Implement routine procedures that promote health and wellness of older adults.

Introduction

Good food is essential to good health at any age. Generally speaking, the nutritional needs of older adults are the same as those of younger adults. The food tastes and eating habits of the older adult have been built up over decades. Some older adults will eat too little and have to be coaxed to eat more; others will eat so much food they become obese and overweight. Depending upon the place of employment, the caregiver will assume various duties in foodservice. In some situations, the caregiver will assist with serving meals and between-meal nourishment, preparing the older adult for mealtime, assisting those who need help in getting to the table, and preparing trays. In other situations, the caregiver may be involved in shopping for groceries, preparing meals, following instructions for special diets, cleaning up after meals, and feeding the older person.

Activity 17-1 • True/False

Directions

To gain a better understanding of cycle menus, answer the following. If the statement is true, circle the letter T to the left of the sentence. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Cycle menus are carefully planned menus that often cover a period of eight to twelve weeks.

____

T F 2. Once the cycle period has been completed, another cycle period must be developed for the next four weeks.

____

T F 3. Since cycle menus can be repeated, it is wise to develop one for winter, spring, summer, and fall because different foods are available in each season.

____

T F 4. Cycle menus put an end to menu planning that takes so much time.

____

T F 5. As the menus are used, a record should be kept of how well they are liked.

____

T F 6. The first step in developing cycle menus is to decide on what types of food will be used.

____

T F 7. Cycle periods that are too short mean that menus are repeated too often and become monotonous.

____

T F 8. Cycle menus are developed and used for people on regular diets only.

____

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T F 9. The same steps are used in planning cycle menus as in planning any menu.

____

T F 10. It is important that the caregiver understand how a cycle menu operates, as well as why it is used.

____

Activity 17-2 • Sentence Completion

Directions

The planning of the older person's special diet is not one of the usual duties of the caregiver, but rather is the responsibility of a dietitian or medical doctor. However, the caregiver should have a thorough understanding of the various diets that are prescribed for the older adult. Check your knowledge of diets by completing the following sentences. In each blank, place the word or words that best complete(s) the statement.

1. A ________________________ diet is used to improve a person's health.

2. The ________________________ or regular diet is based on a normal adequate diet and includes foods in the recommended amounts from each group.

3. A ________________________ diet includes flavored liquids with no solid particles, such as gelatin, broths, and apple juice.

4. Examples of foods included in a ________________________ diet include milk, eggnog, sherbet, and citrus and other juices.

5. The ________________________ diet consists of foods that are easily digested, such as soft cooked eggs, potatoes, and tender or chopped meats.

6. A ________________________ diet is used for persons with liver, gallbladder, and cardiovascular disease.

7. The ________________________ diet consists of foods with flavors not especially sweet, sour, sharp, bitter, or strong; examples include applesauce, sugar cookies, and cottage cheese.

8. A ________________________ diet is specifically designed for persons whose bodies have impaired tolerance of glucose or carbohydrate foods.

9. Usually for losing weight, the ________________________ diet is nutritionally adequate but has a limited calorie content.

10. A ________________________ diet , which has limited amounts of salt, is generally used when there is swelling related to heart conditions or toxemia.

Activity 17-3 • Matching

Directions

Complete the following activity to review nutrients and ways to retain nutrients. Place the letter of the nutrients in the blank to the left of each statement. Answers may be used more than once.

Statements about Nutrients

_____ 1. Not easily destroyed in cooking, they neither dissolve in cooking water nor are destroyed by heat

_____ 2. Because these are retained in water in which fruits and vegetables are cooked, this water should be saved for use in soups, sauces, and gravies

_____ 3. Aids digestion and absorption of food, regulates body temperature, lubricates moving body parts, and aids in eliminating body wastes

_____ 4. Cooking at a low heat until just done makes them easier to digest

_____ 5. Because these are easily lost during food storage and preparation, food should be prepared, cooked, and served as quickly as possible

_____ 6. Makes up most of our blood, which carries nutrients to the cells of the body

_____ 7. To prevent their loss, do not soak vegetables during preparation and cook them in only a small amount of water

_____ 8. May give food a disagreeable taste and make it more difficult to digest if this is allowed to smoke at high temperature

_____ 9. The average person needs six to eight glasses a day

_____ 10. Contains amino acids necessary to produce and repair cells and control body processes

Nutrients

A. Carbohydrates
B. Fat
C. Fat-Soluble Vitamins
D. Minerals
E. Protein
F. Water
G. Water-Soluble Vitamins

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Activity 17-4 • Scenarios

Directions

Eating should be an enjoyable experience for older individuals. The caregiver may need to assist older persons with eating in the dining room or in their rooms. Read each of the scenarios below and answer the questions in the spaces provided.

Alexis works in an Adult Day Support Center. At lunch, she is assigned to assist a group of six adults who sit together at one of the tables in the dining room.

1. Mr. Jenkins can walk to the table, but he has to be assisted. Describe how Alexis should support Mr. Jenkins in walking to the dining room.

2. What tasks should Alexis perform as the meal begins?

3. What can Alexis do during the meal to assist various persons at the table?

4. After everyone has finished eating, Alexis noticed that Mrs. Garcia ate considerably less than she usually does. What should Alexis do?

Jospeh works in a board and care home. Before lunch each day, he helps the residents who take tray service in their rooms get ready for lunch.

5. What personal needs should Joseph first attend to in helping the residents get ready for lunch?

6. Mrs. Braxton is confined to bed. Before raising the head of her bed to get her ready for the tray, what are two things Joseph should do?

7. After mealtime, Joseph comes around to remove the trays. After removing the trays, what attention should Joseph give to the older adults?

Lee works in a nursing home. One of her responsibilities is to feed Mr. Pistole his lunch each day. Mr. Pistole is confined to bed and unable to feed himself although he usually has a good appetite and enjoys mealtime. Mr. Pistole cannot see very well.

8. What should Lee do to prepare for feeding Mr. Pistole?

9. List three things Lee can do to make feeding Mr. Pistole go smoothly.

10. Since Mr. Pistole cannot see well, how should Lee arrange the tray? Why?

Activity 17-5 • Short Answer

Directions

Self-help aids for eating can enable older adults to do more for themselves at mealtime. Suggest a self-help aid that might be useful in each of the following situations. Write the name of the suggested self-help aid in the blank to the right of each statement.

1. Mrs. Goh has only one hand. ______________________________

2. Mr. Renfro has a limited range of motion. ______________________________

3. Mr. Dowdy has a hard time holding a cup or glass. ______________________________

4. Mrs. Kisor can barely move her arms and shoulders. ______________________________

5. It hurts Mr. Rosas to grip an eating utensil. ______________________________

Chapter 18

Types of Fitness and Exercise Programs

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 18:

1G Analyze the influences of technology on the health care and lifestyle of older adults.

1H Identify resources for addressing the various needs of older adults.

10E Implement routine procedures that promote health and wellness of older adults.

Introduction

Some form of regular exercise is particularly important for older adults because of their special needs for continued mobility. Joints tend to become stiff and limited in range of movement unless they are fully used. Muscle power, tendon strength, and cardiovascular reserves can be restored and maintained with physical activity. The older person should be discouraged from sitting in an armchair and watching television for long periods of time. The activity need not involve strenuous effort or vigorous exercise. All it takes is a daily pattern of mild to moderate exercise. Such a regular effort pays off amply not only with a sense of well-being for the older person, but also by building up a reserve of strength to call upon if the need arises. Such physical reserve in an older person can be critical. It may determine whether one becomes confined to bed or bounces back after a fracture, an operation, or a bout with the flu.

Activity 18-1 • Short Answer

Directions

Answer the following questions about the types of fitness and exercise programs for older adults.

1. What does the deterioration of neuromuscular coordination affect?

2. What are three benefits that can result from programs of moderate but regular exercise?

   •

3. What three basic parts should an exercise program include?

4. How much time per day should an older person set aside for a planned program of physical activity?

5. What type of clothing and shoes should an older adult wear when exercising? What types should be avoided?

6. What are four activities that can be substituted for walking and jogging?

7. What are five activities that are recommended by the Standardization of Physical Fitness Association for mature adults fifty years and over?

8. According to the American Heart Association, what does regular exercise do for an older person?

9. What are three examples of active projects that would help the older adult keep fit?

10. What are two ways that a caregiver might encourage older adults to participate in fitness and exercise programs?

Activity 18-2 • Application

Directions

Some form of regular exercise is particularly important for older adults because of their special needs for continued mobility. Read the scenario that follows. Write your responses in the space provided.

Part A

You are the recreational coordinator at the Golden Age Retirement Center where older adults come to participate in organized activities. Many of the members have requested a physical exercise/sports program to help them maintain physical fitness. You have decided on a three-day per week program. Complete the box below with exercises and sports that the members will enjoy.

Note: The activities are scheduled in thirty to forty minute sessions.

Golden Age Retirement Center Exercise and Sports Program		
Monday	Wednesday	Friday
Starting time: Ending time:	Starting time: Ending time:	Starting time: Ending time:
Activities:	Activities:	Activities:

Part B

In the program you developed for Part A, state why you chose certain exercise and sports activities by describing the gained health benefits for the participants.

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Activity 18-3 • True/False

Directions

Review ways to meet the exercise needs of the older adult by completing the activity below. Read each statement. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Some form of regular exercise is important for older adults because of their special needs for continued mobility.

T F 2. Neuromuscular coordination deteriorates with age and there is a loss of muscle strength.

T F 3. For older persons who are reasonably fit, walking up and down stairs is an excellent way to keep the body conditioned.

T F 4. One objective of physical fitness is to keep the tissues and organs of the body healthy and working well.

T F 5. Though physical activity can help a person control weight, it does not aid in the prevention of any diseases.

T F 6. The caregiver should never assist the older person with exercise.

T F 7. The older adult should set aside at least two hours a day for a planned program of physical activity.

T F 8. It is good for the older person to always have some active project underway, like putting in a new flower bed or painting a room.

Activity 18-3 • True/False, cont'd.

T F 9. Older persons who have enjoyed sports and whose health and stamina allow participation, might want to continue the physical activities.

T F 10. If an older person feels like participating in a new sport, it is okay to go ahead without asking anyone.

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Activity 18-4 • Scenarios

Directions

Read each situation below carefully. Answer each question using your knowledge of fitness and exercise programs for older adults.

1. Jack, who loves to sit and watch television for long periods of time, has been advised by his doctor that his neuromuscular coordination is deteriorating. Should Jack's caregiver encourage or discourage his television viewing habits? Why?

2. Martha wants to help slow down the processes associated with aging. She does this with regular exercise. What are some of the benefits Martha might have as a result of moderate, but regular exercise?

3. Bob has received doctor's approval to begin an exercise program. What are the three basic parts that Bob's caregiver needs to be sure are included in the exercise program?

4. Sue has been in excellent physical shape for years. She recently mentioned to her caregiver that she would like to do some day-to-day things that would help her keep physically fit. What are some things her caregiver might suggest that she do?

5. Henry has an arthritic knee that pains him when he walks or jogs. However, he would like to participate in some form of physical activity. What are some activities his caregiver might suggest as substitutes for walking or jogging?

Chapter 19

Hobbies and Educational Activities

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 19:

2B Implement strategies that enhance cooperation and involvement between family members and older adults

2C Utilize appropriate applications of technology that enhance opportunities for older adults to maintain involvement, pursue lifelong learning, and continue making contributions to society.

8E Utilize planning and group leadership techniques to meet the recreational needs of older adults.

10E Implement routine procedures that promote health and wellness of older adults.

Introduction

Educational activities encourage growth and self-development regardless of age. Doctors say that the one organ we can depend upon to last us into aging is the brain. Even at age eighty, the brain can learn at the speed of a thirteen-year-old. As most older persons are not interested in academic or occupational advancements, they participate in educational activities for enjoyment, fun, and satisfaction of learning.

Activity 19-1 • Sentence Completion

Directions

To review vocabulary words related to hobbies and educational activities for older adults, complete the following activity. Complete each statement by filling in the blank with the most appropriate word from the word list.

adult education
audit
domestic activities
elder hostel programs
extension courses
family genealogy
Friends of the Library
senior centers
weekend scholars
YMCA
YMCA

1. More and more older persons are participating in some form of ______________________________.

2. Most colleges and universities offer adult education courses, or ______________________________.

3. In some situations, the caregiver can encourage the older person to participate in ______________________________ such as cooking, flower arranging, and the care and raising of a pet.

4. Some older persons may be interested in tracing their ______________________________ or family "tree."

5. ______________________________ are short-term educational programs with access to programs at universities, national parks, museums, conference centers, and other international learning sites.

6. Many universities and colleges encourage ______________________________ and offer mini-courses and summer programs for older adults.

7. Many universities and colleges offer persons sixty-five of age or older an opportunity to ______________________________ (attend and listen in), free of charge, any course as long as there is space available.

8. The ______________________________ and ______________________________ are local men's and women's associations that usually have excellent adult education programs.

9. ______________________________ are clubs or organizations that meet the needs of many older adults for companionship and sociability.

10. ______________________________ is one example of a group that provides older adults access to library books and services.

Activity 19-2 • True/False

Directions

Read each statement about adult education and church and religion. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. The caregiver should insist that an older adult who indicates an interest in learning look at the universities and colleges in the community.

T F 2. The caregiver can assist the older adult by phoning or obtaining college catalogs to find out the courses and programs offered to older adults.

T F 3. The caregiver can assist the older adult by locating local clubs or organizations and finding out the costs and kinds of activities offered.

T F 4. It is never the caregiver's responsibility to locate or provide transportation services for the elderly.

T F 5. The caregiver must remember that religion is personal, recognize individual rights, and leave interpretation and application to the older adult.

T F 6. The caregiver may be asked to assist and escort the older adult to and from religious activities.

T F 7. The caregiver should not encourage visits by the clergy when the older person is unable to leave home.

T F 8. The caregiver should not encourage regular attendance to religious activities because the decision is that of the older adult.

Activity 19-2 • True/False, cont'd.

T F 9. The caregiver should encourage an older adult to pursue knowledge of a topic the person is interested in.

____

T F 10. The caregiver can check to see if a home bound older person can assist the congregation by making phone calls, addressing envelopes, or doing other tasks.

____

Activity 19-3 • Short Answer

Directions

Review hobbies and activities for older adults by completing the following activity. Respond to each item in the spaces provided.

1. For each type of hobby listed below, write two examples of activities the caregiver might suggest to the older adult.

   Collecting hobbies

   (1) (2)

   Crafts

   (1) (2)

   Projects made from scrap materials

   (1) (2)

2. List six examples of games you might suggest to an older adult. Include two that are active games.

   (1) (4)

   (2) (5)

   (3) (6)

3. List two examples of writing activities the caregiver might encourage the older adult to pursue.

   (1)

   (2)

4. List three devices that can help an older adult with writing activities. Describe the purpose of each.

   (1)

   (2)

   (3)

5. List three activities with which the caregiver can assist older adults in their pursuit of family genealogy.

   (1)

   (2)

   (3)

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Activity 19-3 • Short Answer, cont'd.

6. What technique might be enjoyed by the older person who has an interest in art but has never painted?

7. What type of services are provided to older adults by groups such as Friends of the Library?

8. What are three advantages that music can provide to older adults?

   (1)

   (2)

   (3)

9. Describe why pets can be great companions for older persons.

10. What are two advantages that gardening can provide to older adults?

    (1)

    (2)

Chapter 20

Practices That Promote Health and Wellness

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 20:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
10A Explain the causes and prevention of communicable diseases.
10C Identify possible signs of illness in older adults.
10E Implement routine procedures that promote health and wellness of older adults.

Introduction

Maintaining good health is more than just preventing illness. Other factors necessary for good personal health are emotional stability, vitality, and zest for living. Maintaining good health will not only help to prevent illness, but will also provide the older adult with the opportunity to live a more full and satisfying life.

As one ages, it becomes more difficult to ward off the effects of disease, accidents, and other stresses. It becomes necessary for the older adult to take precautions against accidents, exercise regularly, eat an adequate diet, and receive periodic medical examinations.

Activity 20-1 • Sentence Completion

Directions

Read the following statements to review preventive measures and infectious diseases. In the blanks provided, write the word or words that best complete(s) each sentence.

1. ______________________________ are precautions, such as diet and exercise, that the older adult can take to ward off diseases.

2. Regular ______________________________ can increase oxygen consumption, ventilation capacity, blood flow, and muscle tone.

3. Regular ______________________________ can detect early signs of illness and influence the older person's attitude toward health.

4. Examination of the ______________________________ should be included as part of an annual physical exam for men, because this gland often causes health problems for older males.

5. The standard procedure for examining a woman's reproductive organs and surrounding internal areas is a ______________________________.

6. A ______________________________ is a simple cancer detecting test performed on women in conjunction with annual pelvic exams.

7. It is recommended that women over age fifty have a yearly ______________________________ to detect any growths or abnormalities occurring in breast tissue that might be cancerous.

8. Lifetime preventive measures, such as a diet high in calcium and a regular exercise program, help prevent ______________________________.

9. ______________________________, or the cessation of a woman's menstrual cycle, marks the end of a woman's childbearing years.

10. An ______________________________ is a disease that has a tendency of spreading to others.

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Activity 20-2 • Matching

Directions

To review the importance of immunizations for older adults, complete the following activity. Match the diseases with the statements about immunization. Place the letter of the disease in the blank to the left of each related statement.

Disease

A. Diptheria
B. Influenza
C. Tetanus

____ 1. Annual immunizations are recommended especially for older adults with chronic conditions.

____ 2. Prevention requires immunization every ten years.

____ 3. Immunization is recommended in early fall, in advance of any epidemic.

____ 4. Immunization is important if participating in outdoor activities, such as gardening.

____ 5. Is highly contagious if the older adult is exposed to it.

____ 6. Is an infectious disease caused by a toxin that enters the body through wounds.

____ 7. Booster doses should be given every ten years.

____ 8. Booster doses should be given immediately after a puncture wound from a rusty nail.

____ 9. Is an infectious disease caused by bacterium, or one-celled microscopic organisms.

____ 10. Is an infectious disease caused by specific viruses that affect the respiratory tract.

Activity 20-3 • Case Studies

Directions

Review guidelines for safe use of medications by completing the following activity. Read each situation and answer the question in the space provided.

1. Mrs. Gomez, an older adult, cannot open the childproof container for her medicine, and as a result she is not taking her medication. What are two things Mrs. Gomez should be aware of?

2. Mr. Bass, an older gentleman, has a friend who has not been feeling well. Mr. Bass has decided to give his friend some pain killers that were prescribed for him. Should Mr. Bass do this? Why?

3. Mrs. Doylene is feeling ill. She remembered that the last time she felt this way the doctor gave her a prescription. She has some of the medication left and has decided to take it. What should Mrs. Doylene be aware of in this situation?

4. Mr. Blakely has had an infection for two weeks. His doctor gave him a prescription for Ampicillin. Mr. Blakely takes it every morning as directed. In fact, to make sure he does not forget it, he takes it with his glass of milk. However, Mr. Blakely does not seem to be getting better. What should Mr. Blakely be aware of in this situation?

Activity 20-4 • Matching

Directions

Identify possible signs of illness in older adults by completing the following exercise. Read each possible sign of illness and determine if the sign is an objective or subjective type of observation. Place the letter of the type of observation in the blank to the left of each possible sign of illness.

O = Objective
S = Subjective

____ 1. Abdomen is enlarged and tender to touch

____ 2. Sensations, such as hot, cold, shivering, tingling, pressure, hunger, thirst, etc.

____ 3. Person easily tires

____ 4. Hands are swollen, extremely wrinkled, pale or flushed, red splotches

____ 5. Loss of function of any senses

____ 6. Circulation – general body swelling, discolored skin

____ 7. Unusual movement of eyes, sunken, protruding, puffy, dark circled or discharging

____ 8. Feelings, such as fear, anxiety, worry, distrust, or dizziness

____ 9. Face is dull, indifferent, anxious, tired or expressionless

____ 10. Describes pain, such as sharp, dull, constant, or interval

Activity 20-5 • Scenarios

Directions

One of the many duties performed by caregivers is accurately taking and recording temperature, pulse, respiration, and blood pressure. Read the following scenario. Record your responses in the spaces provided.

A. You work as a caregiver in the Young at Heart Retirement Community. Every Monday, it is your responsibility to take and record the vital signs of some of the residents who are closely monitored due to health problems. The first person you visit is Margaret who experiences problems with heat loss. Her doctor has asked that her temperature be checked and recorded daily. List the steps that you will follow in taking Margaret's temperature with a standard thermometer.

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

B. After visiting a little with Margaret, you check on Jose. Due to heart problems, Jose's doctor has asked for weekly pulse checks. List the steps that you will follow when taking Jose's pulse.

(1)

(2)

(3)

C. Leaving Jose's apartment, you hear your name being called by Meredith who is on her way to the gym for her daily aerobics class. She tells you that she is interested in knowing her personal target heart rate so that she can check it during exercising and prevent overexertion. Gladly, you take a few moments to determine Meredith's target heart rate. List the steps that you will follow.

(1)

(2)

(3)

(4)

(5)

D. Next on your rounds is Joey who suffers from breathing difficulties caused by asthma. You stop in to visit with him and tell him that you need to take his pulse. Explain why Joey is not told that you are monitoring his rate of breathing.

List the steps you will follow when taking the respiration count.

(1)

(2)

(3)

Chapter 21

Components of a Sanitary Environment

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 21:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
10A Explain the causes and prevention of communicable diseases.
11A Analyze the importance of a safe and sanitary environment.
11B Practice sanitation procedures.
11C Utilize personal sanitation measures to prevent the spread of infection and disease.
11D Point out hazardous elements in an older person's home or care facility.

Introduction

Maintaining a safe and sanitary environment should be a top priority for all caregivers. It is also important for the caregiver to have some knowledge of sanitation practices in order to help prevent the spread of infection, odors, pests, and rodents.

Sanitation can be defined as the practice of rendering the care facility or private home free from agents injurious to health. Microbiology is the biological science on which sanitation is based. It is the study of microscopic living, plant-like organisms, which includes bacteria, viruses, yeasts, and molds.

Activity 21-1 • Writing

Directions

In the space below, explain the difference between cleaning and disinfecting, and tell why both are important to provide a sanitary environment for older adults.

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Activity 21-2 • Matching

Directions

To identify personal sanitation measures to follow to prevent the spread of infection, complete the following activity. In the blank to the left of the description, write the letter of the preventative measure being described.

Descriptions

____ 1. Free from germs or bacteria that may cause infection

____ 2. Practice of rendering the care facility or home free from agents injurious to health

____ 3. Should be done frequently and thoroughly by the caregiver

____ 4. Should be worn by caregiver for protection against spreading germs

____ 5. Biological science on which sanitation is based

____ 6. Proper handling of this is a crucial phase in infection control

____ 7. Performed by immersing the object in the correct concentration of sanitizer for one minute

____ 8. Spread and multiply quickly in moist, warm dark areas, such as in bandages, dirty equipment, or dirty linen

____ 9. Blocking them out with sprays and deodorizers is ineffective

____ 10. Performed by immersing the object in water at 170°F for no less than thirty seconds

Sanitation Measures

A. chemical sanitizing
B. covering
C. germs
D. hand washing
E. heat sanitizing
F. linen
G. medical asepsis
H. microbiology
I. odors
J. sanitation

Activity 21-3 • Identification

Directions

Read each statement below. Place an X in the blank under "Do" if the statement describes a behavior that should be practiced. Place an X under "Don't" if the statement describes a behavior that should not be practiced.

Do	Don't	
____	____	1. Have older adults obtain regular TB skin tests.
____	____	2. Avoid wearing goggles or gloves when caring for a person who has TB.
____	____	3. Keep away from body fluids of persons who have the AIDS disease.
____	____	4. Wash hands only after using the bathroom (not before).
____	____	5. Wash hands frequently and thoroughly.
____	____	6. Cover clothing when giving a person a bed bath.
____	____	7. Allow linen to drop unto floors.
____	____	8. Pre-rinse extremely soiled linen before laundering.
____	____	9. Keep all dishes clean and sanitary.
____	____	10. Remove garbage frequently.

Activity 21-4 • Short Answer

Directions

Explain the measure to take in order to control pests and rodents by responding to the questions in the following case situations. Write the answers in the space provided.

1. Christy is a caregiver for an older adult care facility. She has the responsibility of controlling the pests in the kitchen area. What suggestions might be made to help Christy with this task?

2. To keep the care facility free of pests, Christy knows she must now take pest control measures on a regular basis. What measures should Christy take?

3. Christy has tried all of the pest control measures and still cannot get rid of the pests. What next steps might she take?

4. If you were employed in Christy's position and you saw signs of pests or rodents in the care facility, what would you do?

Activity 21-5• Short Answer

Directions

For each component below, list at least two ways to make the component more sanitary.

1. Hand washing:

    (1)

    (2)

2. Linen:

    (1)

    (2)

3. Dishwashing:

    (1)

    (2)

4. Odors:

    (1)

    (2)

5. Pests:

    (1)

    (2)

Chapter 22

Safety Practices for the Home and the Community

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 22:

1G Analyze the influences of technology on the health care and lifestyle of older adults.
1H Identify resources for addressing the various needs of older adults.
11A Analyze the importance of a safe and sanitary environment.
11D Point out hazardous elements in an older person's home or care facility.

Introduction

Each year, many senior citizens are injured in and around their homes. Hundreds of thousands of the older adult population over age sixty-five are treated every year in hospital emergency rooms for injuries associated with products they live with and use daily. In and around the homes is where more than 43 percent of all accidental injuries occur. Falls lead in the cause of accidental deaths and injuries for older adults. Burns, cuts, and poisonings also harm many in the home.

The U.S. Consumer Product Safety Commission (CPSC) believes that many of these injuries result from hazards that are easy to overlook but also easy to fix. By spotting these hazards and taking some simple steps to correct them, many injuries might be prevented. The caregiver should watch for possible safety problems that may exist in various areas of the older person's home or care facility.

Activity 22-1 • Case Studies

Directions

Point out safety rules to follow in a private home or care facility by completing the following activity. Read each situation and write the answer to the question in the space provided.

1. Mrs. Azoa's grandchildren are coming for a visit and Yi-Lun, the older adult caregiver, is helping clean house for their arrival. What household product safety rules should Yi-Lun remember?

2. Johnny, a caregiver in a private home, was in the garage when the light began to flicker. He heard a noise and the lights went out. What is the safest thing for Johnny to do?

3. Mary was washing dishes and cut herself on a knife that was hidden under the soapy suds. What safety measure could have prevented this accident?

4. Grandpa Henry slipped in the bathtub and broke his hip. What safety rule or precaution could have helped prevent this situation?

5. Mrs. Brown was walking to the bathroom in the dark at night. She fell over a chair and hurt her wrist. What safety rule or precaution could have prevented this accident?

6. Mr. Jones is moving in with his son Todd and his family. They live in a two-story house and Mr. Jones' room will be on the second floor. How might the stairway be made more safer for Mr. Jones?

7. Closing the door before going to sleep is a safety rule that Mrs. Burns practices faithfully. Why is this rule so important?

8. Because there is little time to get out and so much confusion when there is a fire in an older adult care facility, Sabella has been told it is important for the caregivers to know what to do to ensure the safety of the older adults. What fire safety procedures should Sabella become familiar with?

9. On her birthday, Mrs. Thomas received an electric blanket from her son. What safety precautions should be observed when using an electric blanket?

10. Dwight, a caregiver in a private home, has dropped a piece of lettuce on the floor on the kitchen while preparing a salad for Mr. Cummings' lunch. Dwight has had several interruptions and he is hurrying to serve the meal on time. Dwight knows Mr. Cummings becomes very upset when he has to wait for a meal. What should Dwight do? Why?

Activity 22-2 • Scenarios

Directions

Part A

Fire can cause death in several ways. Listed below are four fire-related factors. For each factor, write a brief explanation of how that factor can contribute to an untimely death. Use the spaces provided to record your answers.

1. Fire consumes oxygen.
2. Fires produce toxic fumes.
3. Fires produce intense heat.
4. Fires create smoke.

Part B

Because fires can burn quickly, it is important to have a plan of action established in case of emergencies. Read the following scenario. Use the space provided to record your response.

You are a caregiver at the Stately Oaks Retirement Village. The manager has requested that you present the fire escape plan to the center's occupants. Briefly explain or describe the information that you will cover during your presentation to ensure the residents' safety in case of a fire.

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Part C

Read the following scenario. Use the space provided to record your response.

The manager of the Stately Oaks Retirement Village was so impressed with your presentation and safety plan that she has asked you to provide a safety training presentation for the caregivers and staff members of the village. For this presentation, you are to cover (1) the information that needs to be given to the fire department when reporting a fire and (2) the safety procedures to follow when putting out specific types of fires. Briefly explain or describe the information that you will cover during your presentation.

Activity 22-3 • Internet Research

Directions

Information concerning product and home safety can be obtained by contacting the appropriate source. Two sources of assistance are described in the *Services for Older Adults Reference Book*. In the spaces below, provide the requested information about the two agencies. Look up the Web sites, and list three items of information from each site that you think would be useful to a caregiver of older adults.

A. Name of Agency: ______________________________

Agency's purpose: ______________________________

____

____

Web site: ______________

Useful information from the Web site:

(1)

(2)

(3)

B. Name of Agency: ______________________________

Agency's purpose: ______________________________

____

____

Web site: ______________

Useful information from the Web site:

(1)

(2)

(3)

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Activity 22-4 • Short Answer

Directions

Review concepts related to first aid principles, first aid supplies, and emergencies by completing the following activity. Respond to each item in the space provided.

1. Why is it important that a caregiver know basic first aid principles when caring for an older adult?

2. State five first aid principles that will help the caregiver meet home emergency needs of older adults.
   (1)
   (2)
   (3)
   (4)
   (5)

3. Where should first aid supplies for home emergencies be stored?

4. List five first aid supplies that are commonly kept in the home for minor ailments or emergencies, and state the purpose of each item.
   (1)
   (2)
   (3)
   (4)
   (5)

5. What important phone numbers should be kept in the medicine cabinet and by telephones?

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Activity 22-4 • Short Answer, cont'd.

6. What does "EMS" stand for? Why is EMS an excellent source of help in an emergency situation?

7. What phone number would you call in your location to reach your EMS?

8. What information, prompted by the word LIFE, is needed when making an emergency call?
   L –
   I –
   F –
   E –

9. What general first aid guidelines should be followed in any accident situation?

10. What are common first aid situations the caregiver may encounter on the job?

Activity 22-5 • Description

Directions

Describe the recommended treatment for each of the following.

1. Burns:

2. Wounds:

3. Fainting:

4. Shock:

5. Choking:

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Chapter 23

Elder Abuse and Neglect

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 23:

1C Identify laws, trends, and issues affecting older adults.
1H Identify resources for addressing the various needs of older adults.
10D Describe types of elder abuse, neglect, and prevention.

Introduction

Elder abuse and neglect is a disturbing reality in today's society. For many older people, the risk of being abused, neglected, or exploited is real. Family caregivers or other caregivers are most often the abusers. The problem crosses all geographic, socioeconomic, and ethnic barriers.

According to facts and figures from the Texas Department of Protective and Regulatory Services, more than 73 percent of all cases of abuse, neglect, or exploitation of adults living at home (in private, noninstitutional settings) involve neglect, often self-neglect. It is estimated that only one out of fourteen domestic elder abuse cases is reported to the authorities.

Activity 23-1 • Short Answer

Directions

Answer the following questions regarding elder abuse and neglect.

1. Define elder neglect.

2. Describe the difference between active and passive neglect.

3. Define elder abuse.

4. List four characteristics of abusive and neglectful caregivers.

5. List four signs of older victims who are suffering from active abuse and neglect.

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6. List four signs of older victims who are suffering from passive abuse and neglect.

7. List three possible indicators of financial abuse.

8. What is the National Center on Elder Abuse?

9. What are the three resources that can provide additional information on abuse and neglect of older adults?

10. What kinds of services can Adult Protective Services provide for the abused adult?

Activity 23-2 • Matching

Directions

Match each term with its appropriate definition.

____ 1. The failure of a caregiver to provide adequate care for the elderly person whom the caregiver is responsible

____ 2. The intentional infliction of physical, psychological, sexual, and financial harm

____ 3. The illegal or improper act or process of using the resources of an older or disabled person for monetary or personal benefit

____ 4. Failure of an individual to provide themselves with whatever is necessary to prevent physical or emotional harm or pain

____ 5. The failure to fulfill a caregiving obligation to provide goods or services, abandonment, denial of food or health-related services

____ 6. The affliction of mental and emotional anguish

____ 7. Neglect which is unintentional

____ 8. The infliction of physical pain or injury

____ 9. Neglect which is intentional

____ 10. May be indicated by activity in bank accounts that is inappropriate to the older adult

A. active neglect
B. elder abuse
C. elder neglect
D. exploitation
E. financial abuse
F. neglect
G. passive neglect
H. physical abuse
I. psychological abuse
J. self-neglect

Activity 23-3 • True/False

Directions

Read each statement listed below. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Neglect is the failure to fulfill a caregiving obligation to provide goods or services, abandonment, or denial of food or health related services.

T F 2. An example of passive neglect would be intentionally denying the older person who is ill food or needed medication.

T F 3. Elder abuse is the intentional infliction of physical, psychological, sexual, and financial harm directed at the older person by the caregiver.

T F 4. Fearing retaliation by the abuser, being ashamed of the situation, or worrying about having to leave one's home are some of the reasons older adults do not report abuse.

T F 5. Physical injuries from abuse are always easy for family or caregivers to spot on older adults.

T F 6. The physical assessment of abuse should be made by a health practitioner.

T F 7. Most cases of domestic elder abuse are reported to the authorities.

T F 8. Help is needed for the abused victim as well as for those who abuse and neglect older persons.

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Activity 23-3 • True/False, cont'd.

T F 9. The typical victim of elder abuse is a married male in his mid-eighties, who has ample income.

____

T F 10. The older person should be respectfully involved in attempts to determine causes of self-neglect.

____

Chapter 24

Facts About Older Adults as Consumers

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 24:
1C_ Identify laws, trends, and issues affecting older adults.

Introduction

Older persons as consumers are particularly susceptible to the pressures of the marketplace. The marketplace of today offers an increasingly large and more complex number of alternatives than that of earlier generations. The caregiver can assist the older person in making wise choices when purchasing clothing, food, personal items, and household supplies.

Activity 24-1 • Sentence Completion

Directions

Review guidelines for helping older adults purchase clothing and food by filling in each blank with the word(s) that best complete the sentences.

bargains
brands
coupons
economical
faulty
15 percent
garage
list
rain check
seasonal
second hand
time
used
watch
workmanship

1. Simple, classic clothing styles usually have a longer fashion life and are therefore better ____________________.

2. Quality clothing produced from good ____________________ will last longer and can be purchased during bargain seasons at substantial savings.

3. Variety stores, mail-order houses, discount stores, and factory outlets are examples of ____________________ clothing stores.

4. Garments with minor defects can often be obtained at greatly reduced prices at ____________________ clothing markets.

5. Clothing for daily wear can sometimes be found at ____________________ sales.

6. Shopping once a week from a ____________________ helps prevent picking up extra items.

7. Return all ____________________ products to the store.

8. Stock up on good bargains if money is available and the item will be ____________________.

9. Ask for a ____________________ if a store is out of an advertised special, so the product can be purchased at the same price when it is restocked.

10. Try to buy ____________________ items when they are available at certain times of the year.

11. Compare prices on different ____________________ and sizes.

12. Try to allow adequate ____________________ for shopping so decisions do not have to be hurried.

13. ____________________ as the clerk rings up purchases.

14. Private or store brands can be as much as ____________________ cheaper.

15. Shop for sale items and use ____________________.

Activity 24-2 • Matching

Directions

Review food labeling by matching each nutrient claim to its standard definition. Write the letter of the nutrient claim in the blank to the left of its definition.

Standard Definitions

____ 1. Contains 20 percent or more of the total daily recommended nutritional component

____ 2. Contains reduced fat content 25 percent or more

____ 3. Contains 10 percent or more of the nutrient than the recommended daily value of one serving of the original

____ 4. Contains 3 grams or less of fat per serving

____ 5. Contains 10 to 19 percent of the recommended daily value per serving

____ 6. Meat or poultry products with less than 5 grams of fat, and less than 95 milligrams of cholesterol per 100 grams per serving

____ 7. Meat or poultry products with less than 10 grams of fat, 4 grams of saturated fat, and less than 95 milligrams of cholesterol per 100 grams per serving

____ 8. Contains less than 0.5 grams of fat per serving

____ 9. Contains less than 2 milligrams of cholesterol and 2 grams (or less) of saturated fat per serving

____ 10. 1/3 less calories or no more than 1/2 the fat of the higher calorie, higher fat version

Nutrient Claims

A. cholesterol free
B. extra lean
C. fat free
D. good source of
E. high
F. lean
G. light
H. low fat
I. more/added/enriched
J. reduced/less fat

Activity 24-3 • True/False

Directions

Read the following statements related to food product packaging and unit pricing. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Generic brands are usually less expensive than either name brands or store brands.

____

T F 2. The cost of the container does not impact the price of a food item.

____

T F 3. It is always more economical to purchase canned goods in larger sizes because the cost per serving will be loss.

____

T F 4. Open dating helps in selecting a fresh product and determining how long the product can be kept before it will spoil.

____

T F 5. The Universal Product Code is a hand-stamped coding system that indicates when freshness will expire.

____

T F 6. Unit pricing helps the shopper determine if quantity buying is cheaper than buying small portions.

____

T F 7. Aerosol cans usually contain more product than comparable spray pump bottles.

____

T F 8. The packing date on cans indicates the date of final processing or packing of the product.

____

Activity 24-3 • True/False, cont'd

T F 9. Since most stores use electronic scanners and Universal Product Codes, the customer should look for food prices on the shelf label instead of on the product.

____

T F 10. A gallon of milk will usually cost less than buying four separate quarts.

____

Activity 24-4 • Short Answer

Directions

Review concepts related to the purchase of personal and household items by completing the following activity. Respond to each item in the space provided.

1. List five examples of places to buy personal and household products.

   (1)

   (2)

   (3)

   (4)

   (5)

2. Why is it important to compare price, quality, and design of personal and household items?

3. Why is it important to comparison shop? How can this be done if transportation to different stores is a problem?

4. In what ways can off-season purchasing benefit the shopper?

5. Why do many older consumers often rely on mail-order purchasing?

6. What kinds of problems may be encountered when shopping by mail?

Activity 24-4 • Short Answer, cont'd.

7. List three consumer rights that help protect individuals when shopping by mail.
   (1)
   (2)
   (3)

8. What is E-Commerce?

9. Why has E-Commerce grown in popularity in recent years?

10. Based upon your personal knowledge and experience, what advice would you give to an older adult who is just beginning to shop over the Internet?

Activity 24-5 • Short Answer

Directions

Briefly describe each of the following rights as stated in the Consumer Bill of Rights.

1. The Right to Safety

2. The Right to Be Informed

3. The Right to Choose

4. The Right to Be Heard

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Activity 24-6 • Case Studies

Directions

Read the following case studies related to personal responsibilities of older adults. In each situation, suggest ways the caregiver might assist the older person.

1. Mr. Kopenec needs to have his television repaired. He does not know where to start to determine who can fix the television or how much it might cost.

2. Mrs. Olson is quite capable of using the telephone. She enjoys talking to friends and family. She makes calls to set up medical appointments and order grocery items. However, she gets very frustrated because she cannot read the fine print in the telephone directories and is always losing her pads where she writes down phone numbers.

3. Granny Ida is confused by all her mail. Daily, she receives numerous items, and she does not know how to sort out the "junk mail" from important items. She wants to pay bills promptly, she likes to read such items as the church newsletter, and she wants to reply to notes from her friends. But those items seem to get lost in the midst of catalogs, solicitations, and credit card offers.

4. Mr. Liu makes a number of cash purchases – at the drug store, supermarket, gas station, etc. He likes to keep a record of his expenses, so he keeps all of his receipts and puts them in a jar on the kitchen cabinet. However, he no longer is able to organize and record the amounts, which causes him anxiety.

5. Ms. Gonzalez has received a mailing that claims to explain a change in Medicare payments and asking for her signature and response. She is unsure of what the mailing means, but is fearful of not responding promptly.

Chapter 25

Frauds, Gyps, and Deceptions

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 25:

1C Identify laws, trends, and issues affecting older adults.
15D Point out strategies for advocating for the rights of older adults.
15E Analyze fraudulent and deceptive practices that victimize older adults.

Introduction

A great many older people are prime targets for advertisements that offer get-rich quick schemes, cure-all pills, ointments, and quick profits on investments. The aches and pains of older adults, their need for extra income, their vanishing hopes for a retirement home located in the lands of warmth and sun, and their gratitude for attention make them easy targets for false advertising and slick salesmanship. Illegal operators and hit-and-run peddlers entice older persons into schemes that drain them of their life savings.

Older adults often fall prey to slick, fast talking salespersons who offer once-in-a-lifetime bargains. These are the type of salespersons that cannot stand investigative checks, and these are the ones that should be investigated thoroughly. Caregivers can assist older adults by watching for false and misleading claims that may appeal to older adults and drain them of their savings.

Activity 25-1 • Matching

Directions

Review the types of fraudulent or deceptive practices often targeted toward older adults by completing the matching activity below. Match the fraudulent or deceptive practice to its description. Place the letter of the practice in the blank to the left of its matching description.

Description

____ 1. Advertising one price to get customers in the store, then the customer is steered to a higher priced product

____ 2. Ads or salespersons who claim to have a cure for every symptom, ache, or illness

____ 3. Persons (con-artists) who practice a swindling game or scheme intended to part the elderly from their money

____ 4. Scheme where the older adult's home is selected as a model, the promised product is sold at a "discount" with a commission promised; the commission may never come

____ 5. Salesperson pushes to relieve the person of the difficult decision of a cemetery plot during a time when business judgement is bad

____ 6. A prime area for deception since consumers cannot see the product or seller advertised in magazines or catalogs

____ 7. Pretending to be a part of an organization concerned with providing assistance for others

____ 8. A technique that rushes someone to buy in order to get an unusually good deal; creates anxiety in the purchaser

____ 9. Advertisement of a retirement home by mail-order developer

____ 10. A false advertisement promising excellent profits for easy spare time work

Fraudulent or Deceptive Practice

A. bait and switch
B. bunco artist
C. burial scheme
D. charity solicitations
E. extra income scheme
F. health quacks
G. home improvement racket
H. land scheme
I. mail-order fraud
J. pressure sell

Activity 25-2 • Case Studies

Directions

Read the case studies below about fraudulent and deceptive schemes that often target older adults. Identify the scheme and answer the questions following each case study.

1. Mrs. Juan is led to believe that a large sum of money has been found and that it could be divided between Mrs. Juan, the lady who claims to have found the money, and the lady's friend. Mrs. Juan has been told that each person must show good faith by withdrawing their savings from the bank. How might the caregiver help to protect Mrs. Juan from this scheme?

   Type of Scheme:

2. Mr. Bell received a visit from a stranger claiming to be a bank examiner, who said he was checking up on a dishonest employee. The stranger had a bunch of important papers and deposit slips from the bank where Mr. Bell banks. Mr. Bell is asked to help catch the employee in the act by withdrawing his savings from the banks so the "bank examiner" can see what the employee does. The "bank examiner" will give Mr. Bell a receipt upon receiving the money. What advice might be given to Mr. Bell for his own protection?

   Type of Scheme:

3. Ms. Carrie went shopping at a local department store because of a sales ad she saw in the newspaper. After she arrived at the store, she was told that the sales item had been sold out, but that they had another similar brand. However, it was more expensive. How might the caregiver help Ms. Carrie in this situation?

   Type of Scheme:

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Activity 25-2 • Case Studies, cont'd.

4. Mr. Escue read an advertisement in a magazine about a piece of land that was located in an area where he and his wife had always dreamed of retiring. The price for the water-front property is almost too good to be true. How might the caregiver advise Mr. Escue?

   Type of Scheme:

Activity 25-3 • Short Answer

Directions

Answer the following questions about frauds, gyps, and deceptions.

1. List three clues to help the caregiver identify health quacks.

2. List three precautions that should be taken if the caregiver suspects any deceptive claim or con artists at work.

3. List three cautions to take regarding mail fraud.

4. List three examples of common home improvement rackets.

5. List three common burial schemes of which older individuals should be cautious.

Activity 25-4 • Short Answer

Directions

List and describe three sources of assistance in the case of fraud.

1. ______________________________

____

____

2. ______________________________

____

____

3. ______________________________

____

____

Chapter 26

Procedures to Follow in the Personal Care and Hygiene of Older Adults

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 26:

12A Describe technological advances that facilitate care of older adults.
12B Promote self-reliance while assisting older adults with personal care and hygiene.
12C Practice special housekeeping and maintenance skills associated with older adults.
12D Evaluate personal care procedures and schedules in an elder care facility.

Introduction

Personal care and hygiene are essential throughout life. Health practices remain virtually the same in the later years, but some changes are necessary in order for older adults to care for themselves as much as possible. Good hygiene helps to maintain a positive self-image as well as build self-confidence. Grooming is also important in maintaining general health and can lead to a more enjoyable and satisfying life.

The caregiver must be careful when assisting older adults with basic grooming needs. Being overly helpful can create too great a dependence on the caregiver and create low self-esteem in the older person. Most adults have been independent throughout their lives, and it is often difficult to have to suddenly depend on others, especially for personal needs. It is imperative that the caregiver be as efficient, pleasant, and understanding of the older person as possible. It is important for the caregiver to assist the older adult, but the caregiver must encourage older persons to do as much for themselves as possible.

Activity 26-1 • Sentence Completion

Directions

To review personal care and oral hygiene, complete the following statements using the most appropriate word(s) from the list. Words may be used more than once.

cavities
decay
dentures
full dentures
gum disease
health
hygiene
mouthwash
mucous membrane
oral hygiene
partial dentures
plaque
self-image

1. ______________________________ is the practice or condition of preserving health.
2. Good hygiene is important for older adults to maintain a positive ______________________________.
3. Poor ______________________________ may lead to loss of appetite and weight in older adults.
4. Daily hygiene provides observation for problems such as ill-fitting or broken dentures or signs of ______________________________ in teeth.
5. The status of the teeth and gums affects the total ______________________________ of the person.
6. Healthy teeth and gums, as well as properly fitted ______________________________, are essential to chewing and digesting food.
7. ______________________________ is a colorless film of bacteria that gradually builds on the teeth.
8. Proper ______________________________ helps to prevent sores and ulcerations.
9. Poor oral hygiene may cause the ______________________________ to dry and crack.
10. Brushing teeth daily helps prevent bad breath and tooth ______________________________.
11. If plaque is not removed daily, teeth will begin to decay and form ______________________________.
12. In older adults ______________________________ is the major cause of tooth loss – not cavities.
13. In an older adult with ______________________________, all of the teeth are missing and have been replaced by artificial ones.
14. In an older adult with ______________________________, some of the teeth are original and some have been artificially replaced.
15. Warm, mildly salted water makes a good ______________________________.

Activity 26-2 • Short Answer

Directions

Review procedures for nail and hair care as you respond to the following items. Record your answers in the spaces provided.

1. Why is care of the older adult's fingernails and toenails an important part of personal care?

2. What step should the caregiver perform before attempting to cut and file nails? Why?

3. How do nail care procedures performed by caregivers differ for the older adult with a medical problem, such as diabetes? Why?

4. In what ways does regular hair care benefit the older person?

5. What changes in hair occur as individuals age?

6. What precaution should the caregiver take when brushing the older person's hair? Why?

Activity 26-2 • Short Answer, cont'd.

7. When should the caregiver assist or give a shampoo to a bedridden older person?

8. What steps should a caregiver take if head lice are observed in an older person?

9. What equipment should a caregiver assemble in preparing to assist an elderly man with shaving?

10. Provide three suggestions for the caregiver assisting an elderly man with washing his beard.

Activity 26-3 • True/False

Directions

Read each statement about bathing needs of older adults. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Whenever possible, the caregiver should take over responsibility for bathing older persons in their care.

____

T F 2. A bath with warm water and soap removes dirt and perspiration, increases circulation, and provides the older person with exercise.

____

T F 3. As a general rule, older adults should bathe at least once a day.

____

T F 4. Parts of the body that require more regular cleansing include the face, underarms, and any other areas of the body where there are creases or folds.

____

T F 5. Care should be taken when using soaps and deodorants because these products can be drying and irritating to aging skin.

____

T F 6. It is best to give baths in the morning.

____

T F 7. Lotions or creams may be used on dry areas of the body to keep them moist.

____

T F 8. The caregiver should tell the older person about the bath before beginning the bathing procedure.

____

Activity 26-3 • True/False, cont'd.

T F 9. For a tub bath, the tub should be filled as full as possible to keep the older person warm all over.

____

T F 10. For a tub bath, the caregiver should see that the bathroom is clean, warm, and free from drafts.

____

T F 11. When giving a bed bath, the caregiver's primary consideration should be following the exact bathing procedures step by step.

____

T F 12. A full bed bath is beneficial for a person with a high fever or profuse perspiration.

____

T F 13. A bedpan should be offered after giving an individual a bed bath.

____

T F 14. The caregiver should assist with a sitz bath only when instructed to do so by the person in charge.

____

T F 15. A sitz bath is a therapeutic type of bath often ordered by a doctor following surgery or other medical procedures.

____

Activity 26-4 • Sequencing

Directions

Read the list of steps for assisting the older adult with bedpan use. Arrange the steps in order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step; continue up to the number 12, the final step.

____ 1. Allow the older adult to wash hands.

____ 2. Fold back the covers at side to prevent soiling.

____ 3. Determine if the older person is unable to cleanse himself or herself. If not, wipe downward toward the spine to avoid spreading soiled areas to bladder and vaginal openings.

____ 4. Adjust the bedpan for comfort.

____ 5. Place the bed protector pad under the person's hips.

____ 6. Remove the bedpan in the same manner as it was placed. Cover the bedpan and observe the older person's body for redness and soreness.

____ 7. Place the bedpan bedside the elderly person. Be sure the open end is toward the foot of the bed.

____ 8. If there is no need to stay, the caregiver can leave the room after making sure the call bell and toilet tissue are conveniently located.

____ 9. Request the person to bend knees and rest weight on heels if possible.

____ 10. Empty the bedpan and rinse it with cold water. Wash it with hot soapy water, rinse, and dry. Put all supplies away and wash hands.

____ 11. Position your hand under the small of the back of the older person, and on signal help to lift hips while positioning the bedpan under hips.

____ 12. Assemble all supplies and wash hands. Hot water may be used to warm the bedpan. Talcum powder may be used in hot weather to prevent sticking.

Chapter 27

Special Housekeeping and Maintenance Skills

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 27:

12A Describe technological advances that facilitate care of older adults.
12B Promote self-reliance while assisting older adults with personal care and hygiene.
12C Practice special housekeeping and maintenance skills associated with older adults.
12D Evaluate personal care procedures and schedules in an elder care facility.

Introduction

Recognizing the value of housekeeping duties and the importance of providing services for older adults will assist in pointing out the importance of the caregiver's job. The amount of housekeeping will vary depending on the type of facility in which the caregiver is employed. Caregivers employed in a care facility other than a private home will usually have fewer housekeeping responsibilities. Many care facilities provide a housekeeping service. The caregiver employed in a home-type situation will often be both the manager who plans the work and the worker who carries out the plan.

Activity 27-1 • Sentence Completion

Directions

To identify ways to organize work in order to save time and energy, select the most appropriate word(s) from the list that best completes each sentence. Write the word(s) in the blanks provided.

adequate
arise
attainable height
efficient
equipment
health
posture
reduce
safety
storage
storage space

1. Do not put off work, do tasks as they ____________________.

2. Plan ways to ____________________ cleaning problems, such as using door mats in front of entrances to keep from tracking in dirt.

3. Find an ____________________ rate of speed for cleaning that is not hurried.

4. Whenever possible, keep working ____________________ in good condition.

5. Take care of personal ____________________ and ____________________ precautions.

6. To prevent time and energy spent in searching for items, develop methods for proper ____________________.

7. Adjust the heights of working surfaces to permit good ____________________.

8. Store items at an ____________________ to keep from having to strain to reach.

9. Include short but ____________________ rest periods when cleaning.

10. Encourage elderly persons to get rid of old equipment that is never used and is taking up ____________________.

Activity 27-2 • Scenarios

Directions

Complete this exercise to review the importance of planning, managing, and scheduling household work. Read the following scenarios. Use the spaces provided to record your answers.

Scenario #1

Kristie, a caregiver employed by the Helping Hands Agency, cleans Mrs. Starling's home every Friday. Kristie schedules the cleaning time for 9:00 a.m. to 12:00 p.m. Lately, Mrs. Starling has asked Kristie to do extra cleaning that is not on the planned schedule. When Kristie does as Mrs. Starling requests, she falls behind in her work and has no time for short breaks - this situation results in a disagreeable mood. To add to the problem, Mrs. Starling gets upset with Kristie if the extra work that she requests is not performed. Provide some suggestions for Kristie as to how she can complete both the general cleaning and the extra cleaning for Mrs. Starling.

Scenario #2

Eduardo recently established a home cleaning service for older adults. When scheduling general weekly services, Eduardo allows two to three hours for each home. His employees have told him that this time frame is not adequate as they are having to stop during the cleaning to find supplies and equipment like cleanser, vacuum cleaners, buckets and mops, to list a few. Additionally, the employees complain that many of the older residents have outdated equipment that does not work efficiently. They claim that poorly operating equipment adds to their inability to complete the work according to schedule. Provide some suggestions for Eduardo as to how he can help his employees complete their general cleaning schedules in the time allowed.

Activity 27-3 • Matching

Directions

Identify household tasks that are performed daily, weekly, and occasionally by determining when the following list of tasks should be performed. Place the letter for daily, weekly, or occasional in the blank to the left of the described task.

A. daily tasks
B. weekly task
C. occasional task

____ 1. Clean cabinets, closets, drawers, and shelves.

____ 2. Clean bathroom.

____ 3. Clean walls.

____ 4. Clean rooms thoroughly.

____ 5. Prepare meals and clean up.

____ 6. Straighten house.

____ 7. Polish wood surfaces.

____ 8. Wash clothes.

____ 9. Launder curtains.

____ 10. Make the beds.

____ 11. Care for floors.

____ 12. Mend.

____ 13. Put rooms in order.

____ 14. Clean windows.

____ 15. Do light cleaning of bedrooms and kitchen area.

Activity 27-4 • Short Answer

Directions

List four ways to conserve or control the costs of each of the following.

1. Conserve Electricity and Gas

(1)

(2)

(3)

(4)

2. Conserve Water

(1)

(2)

(3)

(4)

3. Control Telephone Utility Costs

(1)

(2)

(3)

(4)

4. Keep Maintenance Costs at a Minimum

(1)

(2)

(3)

(4)

Activity 27-5 • *Multiple Choice*

Directions

Read each statement below. If the statement is a tip for dressing in cooler indoor temperatures, circle the letter C to the left of the statement. If the statement is a tip for dressing in warmer indoor temperatures, circle the letter W.

C W 1. Wear long-sleeved shirts or blouses.

C W 2. Choose open, strap, or lightweight shoes instead of heavy shoes or boots.

C W 3. Wear clothes made from natural fibers, which absorb moisture and allow perspiration to evaporate from the skin.

C W 4. Choose clothing made from closely woven fabrics.

C W 5. When possible, wear slacks instead of a skirt.

C W 6. Wear high collars that hug the neck.

C W 7. Choose light colors that reflect the sun's rays.

C W 8. Wear clothing constructed from lightweight, open-weave fabrics.

C W 9. Whenever possible, omit T-shirts, wear short-sleeved shirts, and omit a tie.

C W 10. Wear cuffs that hug the wrists.

Chapter 28

Effective Management Practices of Caregivers

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 28:

12A Describe technological advances that facilitate care of older adults.
12B Promote self-reliance while assisting older adults with personal care and hygiene.
12C Practice special housekeeping and maintenance skills associated with older adults.
12D Evaluate personal care procedures and schedules in an elder care facility.

Introduction

In order to effectively care for older adults, the caregiver must understand the basic principles of body mechanics and the principles of body positioning. If the caregiver is working with a bedridden person, effective body positioning is important. Caregivers should practice effective body mechanics when repositioning an older person for their own safety and well-being.

Activity 28-1 • Sentence Completion

Directions

To review the information about the principles of body mechanics and body positioning, complete the following sentences. For each item below, write the word or words in the blank provided that best complete(s) the sentence.

1. When needing to lift or do a task near the floor, caregivers should ______________________________
____.

2. Frequent repositioning or changing positions of bedridden individuals helps in
___________________________________, ___________________________________,
____, and ______________________________

3. The use of good body mechanics can ______________________________ and
____.

4. Poor posture is caused by ____________________________, ____________________________,
and____________________________________.

5. When repositioning an older person, as many of the __________________________ as possible should be used to distribute the effort.

6. Back bending is __________________________________.

7. When moving heavy objects, it is best to ______________________________,
______________________________, or ______________________________ them.

8. In repositioning the older adult, the _____________ _____________ should be used as the main force and not ____.

9. Proper walking habits reduce _______________________ and ___________________________.

10. If correct body mechanics are used, the older person can be repositioned with
______________________________, ___________________________________, and
____.

Activity 28-2 • Numbering

Directions

Read the list of basic steps for making an unoccupied bed. Arrange the steps in order of performance. Place a 1 in the blank to the left of the step which should be performed first, a number 2 to the left of the second step, and so on.

____ 1. Tuck the top sheet and blanket under the mattress at foot of the bed. To provide a toe tuck, make a three-inch fold toward foot of the bed. Tuck in the mitered corner.

____ 2. Wash hands; locate and organize supplies.

____ 3. Position the top sheet wrong side up with the hem even with the top of the mattress.

____ 4. Tuck in the top sheet and blanket at foot of the bed. Before tucking in mitered corner, make a three-inch fold toward foot of bed.

____ 5. To conserve energy, make the bed entirely from one side before moving to the other side.

____ 6. Keeping the blanket centered, spread it over the top sheet and foot of the mattress.

____ 7. Tuck the bottom sheet under the head of mattress (miter corner). Working from top to bottom, tighten sheets to provide comfort and safety.

____ 8. Remove spread, blankets, and pillow. Dispose of soiled linens.

____ 9. Working from head to foot of the bed, tuck the top sheet in one side.

____ 10. If a fitted bottom sheet is not available, position and unfold the bottom sheet right side up with the wide hem at the top of the bed.

____ 11. Move to the other side of the bed. Fan fold linens to the center so you can work with the bottom sheet.

____ 12. Tuck 12 to 18 inches of bottom sheet tightly over the top of mattress. Miter corners.

____ 13. If additional protection is needed, place an absorbent pad across the mattress on top of the bottom sheet.

____ 14. Complete mitered corner.

Activity 28-3 • Short Answer

Directions

To review the information on making the occupied bed for an older adult, respond to the following questions by writing your answers in the space provided.

1. Why is it important to wash your hands before changing the linens on an occupied bed?

2. Why should you avoid shaking the linens and be sure to keep them away from your face and clothing?

3. What should be done to keep the individual in the bed as comfortable as possible while changing the linens?

4. How do you anchor the clean bottom sheet?

5. How do you make a toe tuck? What do you think is the purpose of a toe tuck?

Activity 28-4 • True/False

Directions

Give examples of how the caregiver can help prevent bedsores in older adults by completing the following activity. Read each statement below. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. Use baking soda on sheets to help reduce friction as the patient moves.

____

T F 2. Use special equipment such as air cushions, sponge rubber cushions, sheepskins, pillows, pads, air mattresses, etc., to reduce skin pressure.

____

T F 3. Be sure the caregiver never touches the patient's skin.

____

T F 4. Immediately report any sign of a bedsore developing to the person in charge.

____

T F 5. There is no way to prevent sheet burns.

____

T F 6. A well-balanced diet is not the appropriate way to prevent malnourished tissues.

____

T F 7. Change bed immediately when it becomes wet.

____

T F 8. Always follow the doctor's instructions and make sure proper grooming habits are maintained.

____

T F 9. For an individual confined to bed, position should be changed every few hours.

____

T F 10. Report any reddened, irritated, or sensitive areas of the skin to the doctor, nurse, supervisor, or person in charge.

____

Chapter 29

Ways to Cope with Terminal Illness

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 29:

1C Identify laws, trends, and issues affecting older adults.
9F Determine resources for caregivers and older adults.
15B Describe the rights and responsibilities of older adults as clients.
15C Exhibit ethical practices in providing services for older adults.

Introduction

The caregiver may be working with an older person who becomes quite ill. Often the individual will become well and stronger, but sometimes, little progress will be made. The person may be diagnosed as terminally ill. The phrase, terminally ill, refers to an illness that results in death. The caregiver must be aware of the feelings the terminally ill individual is experiencing and the feelings of the family members during this time.

Activity 29-1 • Sentence Completion

Directions

To review the information about caring and communicating with the terminally ill and meeting their emotional needs, complete the following sentences. For each item below, write the word(s) in the blank provided that best complete(s) the sentence.

1. ____________________ refers to sharing another's emotions, thoughts, or feelings.

2. When considering the environment of the terminally ill person, ____________________ ____________________, and ____________________ are important.

3. Be ____________________ and ____________________ in managing the care schedule of the ill family member.

4. ______________________ of the caregiver is usually a sign that the older person wants more information.

5. Avoid being ____________________, ____________________, or ____________________ to the suffering of the ill individual.

6. Help terminally ill individuals maintain their ____________________ by encouraging self-help.

7. Avoid showing ____________________ when the ill individual is slow in doing something.

8. Besides emotional reactions, our reactions to loss are also ____________________ and ____________________.

9. Avoid being ____________________ of the ill individual.

10. The emotional needs of the terminally ill person include ____________________, ____________________, ____________________, ____________________, and ____________________.

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Activity 29-2 • Matching

Directions

To review the types of assistance available to the terminally ill, complete the activity below. Match each term with its definition by writing the letter of the term in the blank to the left of the appropriate definition.

____ 1. Help with nutritional advice throughout the illness

____ 2. Help with questions about medications and combination of medications

____ 3. Help with physical care related to special needs brought on by the illness

____ 4. Help in providing different levels of individual and personal health care in the home of the person who is ill

____ 5. Help with daily household tasks and responsibilities

____ 6. Help with coping with individual emotional and psychological effects of terminal illness

____ 7. Helps support the terminally ill and his or her family in various ways

____ 8. Help provide information about various resources available

____ 9. Help persons care for their personal daily needs by teaching them ways to work within their boundaries

____ 10. Help with medical aspects related to the terminal illness

A. dietitians
B. home health aides
C. hospice
D. housekeepers
E. nurses
F. physical therapists
G. pharmacists
H. physicians
I. psychologists
J. social workers

Activity 29-3 • True/False

Directions

The following activity covers information related to how the caregiver can help meet the needs of the family of a terminally ill person. Read each statement below. If the statement is true, circle the letter T to the left of the statement. If the statement is false, circle the letter F. In the space provided, rewrite each false statement to make it true.

T F 1. The needs of the terminally ill person are always greater than the needs of the families.

T F 2. The caregiver should provide emotional support to family members.

T F 3. The caregiver should maintain a concerned attitude toward the terminally ill person and family members.

T F 4. The caregiver should limit the amount of time the family spends with the terminally ill person.

T F 5. The caregiver should provide for the family's wishes for privacy.

T F 6. The caregiver should be in charge of answering questions and discussing the concerns of the family.

T F 7. The caregiver should follow the wishes of the family even when they differ from the rules of the care facility.

T F 8. The caregiver should encourage family members to continue to visit the terminally ill person.

T F 9. The caregiver should relay the concerns of the family to the terminally ill person.

____

T F 10. Being quietly thoughtful of the comfort of others and willing to help will show that the care provider is understanding and concerned for the entire family.

____

Activity 29-4 • Case Studies

Directions

Explain the stages of grief that most terminally ill persons experience by completing the following activity. Read each of the situations and respond to each by answering the question in the space provided.

1. Ms. Yea, an older adult at the nursing home, recently found out she is terminally ill. She has been talking a lot about losing her friends and family and also worrying about to whom all of her belongings should go. What stage of grief is Ms. Yea in? Explain your answer.

2. The doctor has just told Mr. Mondrell that he has terminal cancer. Mr. Mondrell is in shock and wants to be left alone. He refuses to tell anyone about his condition and also refuses to believe it himself. What stage of grief is this and what is the purpose?

3. Mr. Mondrell has moved into the stage in which a secret agreement is made in hopes of delaying the inevitable truth. What stage is this and what is the purpose?

4. Ms. Yea has moved into the stage in which she is very tired and void of any feelings. She is not happy, but she is at peace. What stage of grief is Ms. Yea in and what is the purpose?

5. Both Mr. Mondrell and Ms. Yea went through a stage where each felt rage and hostility toward any and everyone. What stage were they in, and what was the purpose of this particular stage?

Activity 29-5 • Multiple Choice

Directions

To review the grief process for family and friends, read the following statements and choose the best response from the multiple choice list under each item. Place the appropriate letter in the blank to the left of the number.

_____ 1. In this stage, feelings are directed toward doctors, hospitals, and friends who have not experienced the same loss.
A. Shock/disbelief
B. Reconciliation
C. Emotional release
D. Hostility and resentment

_____ 2. In this stage, individuals feel a sense of alienation.
A. Depression/loneliness
B. Panic
C. Emotional release
D. Hostility and resentment

_____ 3. Individuals in this stage of grief cannot think of what to do and feel disbelief again.
A. Shock/disbelief
B. Panic
C. Inability to return to usual activities
D. Hostility and resentment

_____ 4. In this stage of grief, family members and friends cannot stop crying, sometimes even hysterical crying.
A. Shock/disbelief
B. Emotional release
C. Symptoms of physical distress
D. Struggle to adjust to reality

_____ 5. Individuals in this stage of grief acknowledge that death has happened but they are still living, so they seek substitutes in new relationships.
A. Guilt feelings
B. Inability to return to usual activities
C. Struggle to adjust to reality
D. Reconciliation

_____ 6. In this stage, grieving individuals wonder if life is worth it and everything they do seems difficult and impossible.
A. Inability to return to usual activities
B. Guilt feelings
C. Depression/loneliness
D. Struggle to adjust to reality

Activity 29-5 • Multiple Choice, cont'd.

_____ 7. Characteristics of this stage include wishful thinking or regret about what was or was not done, expressed in terms of anger toward others.
- A. Hostility and resentment
- B. Reconciliation
- C. Emotional release
- D. Guilt feelings

_____ 8. This stage may last a few hours or days and is a temporary retreat from what has happened.
- A. Depression/loneliness
- B. Shock/disbelief
- C. Symptoms and physical distress
- D. Hostility and resentment

_____ 9. Individuals in this stage of grief may feel weak, drained, have high blood pressure and digestive disorders.
- A. Shock/disbelief
- B. Panic
- C. Symptoms of physical distress
- D. Depression/loneliness

_____ 10. In this stage of grief, family members and friends become content with the circumstances and are able to adjust and adapt.
- A. Reconciliation
- B. Emotional release
- C. Symptoms of physical distress
- D. Struggle to adjust to reality